







Public Health Service Publication No. 930-D-14  
1963

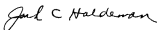
## Foreword

This publication is intended for use by those planning general hospital construction. Its scope is limited to providing guidelines for 50-, 100- and 200-bed general hospitals, since the basic requirements are similar within this range.

The format is intended to stimulate the thinking but not restrict the initiative of those engaged in programming. Although certain new or controversial elements are not cited, planners are urged to consider various innovations in light of their individual needs.

Some of the questions in this publication are arranged by department or service area to encourage detailed planning of each area before the hospital design is established. The pooling of departmental data will provide a composite program for the hospital as a whole.

It is hoped that these guidelines will point the way to more efficient planning for constructing and equipping hospitals.



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## Acknowledgments

Grateful acknowledgment is made of the valuable review and suggestions given by the following:

Florance L. Adrian, *Institution Nutrition Consultant*, State Board of Health, Indianapolis, Ind.;

Louis Block, Dr., P.H., *Hospital Consultant*, Silver Spring, Md.;

Albert Carriere, *Executive Director*, American Association of Inhalation Therapists, Chicago, Ill.;

L. H. Chadbourn, *Assistant to the Director*, Committee on Trauma, American College of Surgeons, New York, N.Y.;

Mildred M. Chass, *President*, The National Executive Housekeepers Association, Glendale Sanitarium and Hospital, Glendale, Calif.;

Gordon R. Cunnning, *Chief*, Bureau of Hospitals, State Department of Public Health, Berkeley, Calif.;

Helen Dunn, R.N., *Director of Nursing*, University of Illinois, Research and Educational Hospital, Chicago, Ill.;

Margaret Emmanuel, R.N., *Director of Nursing*, George Washington University Hospital, Washington, D.C.;

Frederick H. Gibbs, *Professor*, Graduate Program in Hospital Administration, The George Washington University, Washington, D.C.;

Gerhard Hartman, Ph. D., Graduate Program in Hospital Administration, State University of Iowa, Iowa City, Iowa;

Irene Hollis, O.T.R., American Occupational Therapy Association, New York, N.Y.;

Monna Jackson, R.N., M.A., *Director*, School of Nursing and Nursing Service, Grant Hospital of Chicago, Chicago, Ill.;

Ralph E. Jennings, *Administrative Assistant*, Duke University Medical Center, Durham, N.C.;

Duane E. Johnson, *Administrator*, University Hospital, Omaha, Nebr.;

Everett W. Jones, *Hospital Consultant*, Fort Myers Beach, Fla.;

Matt L. Jorgenson, *Architect*, Ahreu and Robeson, Inc., Atlanta, Ga.;

Thomas H. Keys, National Association of Institutional Laundry Managers, Bethesda, Md.;

Karl S. Klicka, M.D., *Executive Director*, Hospital Planning Council for Metropolitan Chicago, Inc., Chicago, Ill.;

Mary Lemons, R.N., *Director of Nursing*, Beckley Memorial Hospital, Miners Memorial Hospital Association, Beckley, W. Va.;

A. J. Monaco, *Administrator*, Berwick Hospital, Berwick, Pa.;

Joseph A. Oddis, *Executive Secretary*, American Society of Hospital Pharmacists, Washington, D.C.;

H. C. Pepper, Ph. D., *Director*, Hospital Administration Program, Georgia State College, Atlanta, Ga.;

L. A. Qunglin, *Assistant Secretary*, Associated Hospitals of Alberta, Edmonton, Canada;  
Donald M. Rosenberger, *Director*, United Hospital of Newark, N.J.;  
Hiram Sihley, *Director*, Division of Hospital Community Resources, American Hospital Association, Chicago, Ill.;  
Paul Snelson, *Director*, Hospital Construction Division, State Department of Health, Oklahoma City, Okla.;  
James J. Souder, *Architect*, New York, N.Y.;  
John G. Steinlo, *Hospital Consultant*, Garden City, N.Y.;  
Dorothy W. Tounsignant, *Dietitian*, Washington, D.C.;  
Joseph Vance, *Vice President*, Blue Cross-Blue Shield of Alabama, Birmingham, Ala.;  
E. Todd Wheeler, *Architect*, Chicago, Ill.;  
Evelyn Zetter, *Director*, Department of Hospital Nursing, National League for Nursing, Inc., New York, N.Y.

Special acknowledgment is also made for the helpful suggestions from the following persons in the Public Health Service:

Edith A. Jones, *Chief*, Nutrition Department, Clinical Center, National Institutes of Health, Bethesda, Md.;  
Clifford E. Nelson, M.D., *Division of Radiological Health*;  
Samuel J. Wykoff, D.D.S., *Division of Dental Public Health and Resources*;  
Edward T. Thompson, M.D., *medical consultant*; John R. McGibony, M.D., *chief*, Intramural Research; Sam O. Gilmer, Jr., *hospital administrator*; Josephine Strachan, R.N., and Helen L. Roberts, R.N.,\* *nurse consultants*; Richard P. Gaulin, *mechanical engineer*; Noyes L. Griffin, *electrical engineer*; and George Ivanick, *architect*; all of the Division of Hospital and Medical Facilities.

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\*Now with Office of Personnel, Public Health Service.

## Introduction

Before an architect can develop a hospital design that will best serve its functions, he must be provided a written program explaining in clear and precise terms the hospital's objectives, plan of operation, and operational policies, particularly those which must be related to the design of certain areas. The responsibility for preparing such a written presentation and for coordinating the planning activities of professional and technical personnel rests ultimately with the hospital administrator or the building committee.

The planning team should include each administrative and clinical department head, the building committee of the board of trustees, the administrator, and the architect. Each will have his sphere of responsibility: the administrative department head to describe the personnel, work methods, and equipment needed for the operation of his department; the clinical staff to determine requirements to meet professional programs; the building committee representing the board of trustees to define the scope of segment of community health care to be provided; the administrator to review, approve, and coordinate the departmental and clinical staff needs in terms of the total organizational need; and the architect to incorporate the requirements of the composite programs within the structure.

If a hospital consultant is retained, he will be concerned with coordinating all planning activities in addition to (1) conducting a survey to establish the need for hospital services and facilities, and (2) preparing the functional program and long-range plan. These responsibilities are carried out in collaboration with the building committee, the administrator, and the administrative and clinical department heads, subject to approval by the board of trustees.

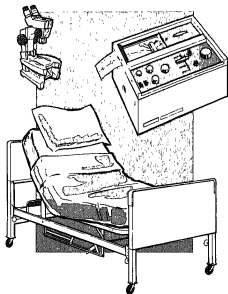
The functional program should explain as fully as possible the services to be provided, the functions to be carried out, the methods to be used, the personnel needed, the working relationships to be developed, and the major equipment required.

In addition to its function as a guide to the architect in designing the hospital, a written program can serve as a permanent record of the original planning and can help simplify the work in future operation. It can be used in orienting hospital administrative staff to the system of operation planned. It also furnishes a basic reference for selection of equipment that promotes the most efficient operation of the hospital, and for necessary continuing evaluation.

The questions presented in this publication may serve as a guide for functional programming. They cover more than 20 different departments or areas of service usually required in general hospitals having from 50 to 200 beds. They are not exhaustive and will no doubt bring to mind other questions and additional factors to be included in the hospital program. By seeking answers to such questions, the department head and the planning team can consider in detail the requirements of the individual hospital.

A complete listing of suggested equipment is presented in the publication, *Hospital Equipment Planning Guide*, Public Health Service Publication No. 930-D-4. In addition, the *Manual of Hospital Planning Procedures*, published by the American Hospital Association, furnishes a comprehensive guide for the planning, organization, and financing involved in any hospital building program.

## I. CLINICAL SERVICES





# Inpatient Services

## PATIENT CARE UNITS

1. What will be the hospital's total bed capacity?				
2. What will be the proposed organization for patient care units (types of service)?				
a. Clinical classification:	Check	b. Type of care:	Check	
(1) Medical	_____	(1) Intensive	_____	
(2) Surgical	_____	(2) Intermediate	_____	
(3) Obstetrical	_____	(3) Self (ambulatory)	_____	
(4) Nursery	_____	(4) Long-term	_____	
(5) Pediatric	_____	(5) Other (specify)	_____	
(6) Psychiatric	_____	c. Other classification (specify):	_____	
(7) Others _____				
3. How many beds will be assigned to each patient care unit?				
a. Clinical classification (specify specialties where indicated, e.g., medical-metabolic; cardiovascular; surgical-orthopedic; ear, nose, and throat):	<i>Bedroom size</i>			
	<i>1-bed</i>	<i>2-bed</i>	<i>Other (specify)</i>	<i>Total beds</i>
(1) Medical	_____	_____	_____	_____
(2) Surgical	_____	_____	_____	_____
(3) Obstetrical	_____	_____	_____	_____
(4) Nursery <sup>1</sup>	_____	_____	_____	_____
(5) Pediatric	_____	_____	_____	_____
(6) Psychiatric	_____	_____	_____	_____
(7) Other	_____	_____	_____	_____
b. Type of care (specify clinical specialties where indicated, e.g., intensive care—cardiovascular, neurological, and other):	<i>Bedroom size</i>			
	<i>1-bed</i>	<i>2-bed</i>	<i>Other (specify)</i>	<i>Total beds</i>
(1) Intensive	_____	_____	_____	_____
(2) Intermediate	_____	_____	_____	_____
(3) Self (ambulatory)	_____	_____	_____	_____
(4) Long-term	_____	_____	_____	_____
(5) Other	_____	_____	_____	_____
c. Other classification:				
(1) _____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____
			<i>Unit</i>	<i>Beds</i>
4. Based on the above bed assignment for the patient care units, how many beds will comprise each unit?				
5. Will flexibility be provided between patient care units under			<i>Yes</i>	<i>No</i>
a. Clinical classification			_____	_____
b. Type of care			_____	_____

<sup>1</sup> Omit from total bed capacity.

# PATIENT CARE UNITS—Continued

	Bedroom size		
	1-bed	2-bed	Other (specify)
6. What facilities will be provided in patient bedrooms?			
a. What toilet, lavatory, and bath facilities will be provided?			
(1) Private toilet and lavatory			
(2) Private toilet with lavatory in bedroom			
(3) Toilet and lavatory between rooms			
(4) Toilet between rooms with lavatory in each bedroom			
(5) Bathtub			
(6) Shower			
b. What toilet, lavatory and bathroom equipment will be provided?			
(1) A bedpan washer in each toilet			
(2) Grab rails in toilet and bathrooms			
(3) Soap dispenser			
(4) Paper towel dispenser			
(5) Mirror			
(6) Shelf			
c. What type of nurses' call system will be provided in patient bedrooms and toilets?			
(1) Audio-visual			
(2) Visual			
(3) Other (specify)			
d. What type of telephone service will be provided?			
(1) Permanently installed telephone			
(2) Telephone jacks only			
e. What provision will be made in the patient bedrooms for:			
(1) Television			
(2) Radio			
f. How many central piped oxygen outlets will be provided?			
g. How many central piped vacuum (suction) outlets will be provided?			
h. How many central piped air outlets will be provided?			
i. How many grounded electrical outlets will be provided?			
j. What type of lighting is desired for:			
(1) General room illumination			
(2) Patient reading			
(3) Examination of patient			
(4) Night lighting			
k. What storage facilities will be provided for patients' clothes:			
(1) Built-in lockers			
(2) Individual clothes closet			
(3) Combination built-in dresser and clothes locker			
(4) Other (specify)			
l. What method will be used for delivery and pickup of supplies and equipment to and from patient bedrooms:			
(1) Carts and hampers			
(2) Pass-through cabinets accessible from patient bedroom and corridor			
(3) Other (specify)			



# PATIENT CARE UNITS—Continued

		Bedroom size		
		1-bed	2-bed	Other (specify)
m.	What type of bed screens will be installed?			
	(1) Cubicle curtains			
	(2) Other (specify)			
n.	What bedroom furniture will be provided? (specify type and size):			
	(1) Beds			
	(2) Bedside cabinets or tables			
	(3) Overbed table			
	(4) Chair:			
	easy			
	straight			
	(5) Other (specify)			
o.	What other built-in facilities are to be provided in patient bedrooms? Specify			
7.	What facilities will be provided for isolating patients?			Check
a.	Lavatory outside patient bedrooms			
b.	Storage of clean gowns, masks, and other supplies			
c.	Disposal of soiled gowns			
d.	Disposal of soiled material			
8.	What will be the staffing pattern for each patient care unit on each of three shifts and on weekends and holidays?			
	a. Supervisor	Number per patient care unit	Number of units for each service	Total number
	b. Head nurses			
	c. Graduate nurses			
	d. Practical nurses			
	e. Floor-unit manager			
	f. Clerks			
	g. Aides—orderlies			
	h. Others			
9.	How many nurses' stations are to be provided on each patient floor?			
a.	Will workspace be provided for the following activities at each nurses' station?			Check
	(1) Charting			
	a. type of chart rack:			
	built-in			
	rotating			
	mobile			
	pass-through to adjacent doctors' charting room			
	other (specify)			
	(2) Communications			
	a. nurses' calling system—duty station			
	b. telephone			
	c. pneumatic tube station			
	d. telephone dictating system			
	(3) Patient observation			
	a. television monitors			
	b. patient physiological data monitors			

# **PATIENT CARE UNITS—Continued**

10. Will a doctor's charting and consultation room be provided? Yes ☐ No ☐
11. What facilities will be provided for diagnostic and treatment activities? Check
  - a. Separate examination and treatment rooms. \_\_\_\_\_
  - b. Combination examination and treatment room. \_\_\_\_\_
12. Is electronic patient physiological monitoring to be used? Yes ☐ No ☐
13. What provisions will be made for the medicine preparation and storage area:
  - a. Location  
    - (1) In a separate room \_\_\_\_\_
    - (2) In an alcove off the nurses' station \_\_\_\_\_
  - b. How many nursing personnel will be accommodated? Number \_\_\_\_\_
  - c. What is the capacity of the refrigerator? (Cubic feet) \_\_\_\_\_
14. Where are the nurses' toilet facilities to be located on the patient care unit? Specify \_\_\_\_\_
  - a. Will lounge facilities be included? Yes ☐ No ☐
  - b. Are individual lockers to be provided? Yes ☐ Number \_\_\_\_\_ No ☐
15. What offices are required? 

Number	Number
a. Nurses' supervisor _____	e. Dietitian _____
b. Head nurse _____	f. Social service _____
c. Instructor _____	g. Physician _____
d. Floor-unit manager _____	h. Others _____
16. Will a nourishment room-floor pantry be provided for each patient care unit? Yes ☐  
Number \_\_\_\_\_ No ☐
  - a. What activities will be carried out in this area? Specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. What is the capacity of the refrigerator? (Cubic feet) \_\_\_\_\_
  - c. Will an icemaking-dispensing unit be located in this area? Yes ☐ No ☐
    - (1) Type of machine \_\_\_\_\_
    - (2) Capacity (cubic feet) \_\_\_\_\_
17. What facilities will be required for the supply (clean utility) room?

	Yes	No
a. Will all supplies be stored in this room?	_____	_____
b. Will separate storage be provided on the patient care unit for:		
(1) Linen	_____	_____
(2) Housekeeping supplies	_____	_____
(3) Forms and office supplies	_____	_____
(4) Sterile solutions	_____	_____
(5) Equipment (small)	_____	_____
(6) Other	_____	_____
c. What method will be used for delivery of supplies and equipment to the patient care units?		Check
(1) Cart with adjustable shelves and compartments	_____	_____
(2) Dumbwaiter	_____	_____
(3) Vertical conveyor	_____	_____
(4) Pneumatic tube	_____	_____
(5) Other (specify)	_____	_____
d. Will equipment for treatments be assembled and prepared in this area? Yes <input type="checkbox"/> No <input type="checkbox"/>		

# PATIENT CARE UNITS—Continued

e. What equipment will be provided for processing and storage?	Number	Size
(1) Counter	_____	_____
(2) Sink	_____	_____
(3) Cabinets	_____	_____
(4) Open shelf	_____	_____
(5) Storage cart	_____	_____
18. What facilities will be required for the soiled holding room (soiled utility)?	Yes	No
n. Will all soiled material be collected here for disposition?	_____	_____
b. Will linen and trash be bagged in patients' rooms and transferred here for temporary storage?	_____	_____
c. Will soiled utensils be rinsed here before being returned to central supply?	_____	_____
d. How will linen, equipment, utensils, and trash be removed?		Check
(1) Carts via elevator	_____	_____
(2) Truck via elevator	_____	_____
(3) Vertical conveyor	_____	_____
(4) Other (specify)	_____	_____
a. What equipment will be required for processing?		
(1) Clinical sink	_____	_____
(2) Utensil washer	_____	_____
(3) Counter with sink	_____	_____
(4) Storage and utility carts	_____	_____
(5) Linen hamper	_____	_____
(6) Linen trucks	_____	_____
(7) Covered container	_____	_____
f. Will laboratory specimens and requests be picked up from the soiled holding room for delivery to the laboratory? Yes _____ No _____		
(1) Will a refrigerator be provided for storing laboratory specimens? Yes _____ No _____		
19. What will be required for diagnostic and treatment activities?		Check
a. Facilities:		
(1) Separate examination and treatment room	_____	_____
(2) Combination examination and treatment room	_____	_____
b. Equipment:		
(1) Counter with sink	_____	_____
(2) Storage cabinets	_____	_____
(3) Storage carts	_____	_____
20. Will provisions be made for the following on each patient care unit?	Yes	No
a. Dayroom	_____	_____
(1) Dining facilities for ambulant patients	_____	_____
(2) Recreational equipment	_____	_____
b. Teaching-conference room	_____	_____
c. Stretcher and wheelchair alcove	_____	_____
d. Janitor's closet(s)	_____	_____
e. Drinking fountain	_____	_____
f. Visitors' waiting room	_____	_____
g. Public telephones	_____	_____
h. Toilets for physicians, nonnursing personnel, and visitors	_____	_____
i. Central bath, sitz bath and shower	_____	_____
(1) Grab rails	_____	_____
(2) Nurses' call	_____	_____
j. Heavy duty electric outlets, at frequent intervals, for mobile X-ray units	_____	_____

# NURSERY

1. What type of nursery will be provided for care of full-term newborn?	<i>Check</i>		
a. Centralized	_____		
b. Decentralized (adjacent to patient rooms)	_____		
2. Where will the nursery be located with relation to:			
a. Formula room	_____		
b. Obstetrics	_____		
c. Pediatrics	_____		
d. Other (specify)	_____		
3. How many bassinets will be in each nursery?	<i>Capacity of each nursery</i>	<i>Number of nurseries</i>	
a. General	_____	_____	
b. Observation	_____	_____	
c. Premature	_____	_____	
4. Where will isolation technique be provided?	_____		
Specify	_____		
5. Will an individual care type bassinet be provided? Yes _____ No _____			
Type	_____		<i>Number</i> _____
6. What type and number of incubators will be required?			
Type	_____		<i>Number</i> _____
7. What type of resuscitating apparatus will be needed?			
Type	_____		<i>Number</i> _____
a. Where will this equipment be stored when not in use?	_____		
Specify	_____		
8. What are the electrical outlet requirements for:	<i>Types</i>	<i>Number</i>	<i>Location</i>
a. Incubators	_____	_____	_____
b. Radiographic unit	_____	_____	_____
c. Other (specify)	_____	_____	_____
9. How many wall outlets are needed in each nursery for:	<i>Number</i>		
a. Central piped air	_____		
b. Central piped oxygen	_____		
c. Central piped vacuum (suction)	_____		
10. Where will handwashing facilities be located in each nursery?	_____		
11. Where will infant viewing windows be located?	_____		
12. Where will the following procedures be performed?			
a. Circumcision	_____		
b. Exchange transfusions	_____		
13. What equipment will be needed for:	<i>Number</i>		
a. Nurses' station			
(1) Chairs	_____		
(2) Chart rack	_____		
(3) Charting desk	_____		
b. Examination and treatment			
(1) Lavatory with gooseneck-type spout, knee or foot control	_____		
(2) Linen hampers	_____		
(3) Soiled diaper receptacle	_____		
(4) Treatment table	_____		
(5) Waste receptacle	_____		

## NURSERY—Continued

- c. Workspace
- (1) Clean
 

	Number
a. Counter with sink and gooseneck-type spout	_____
b. Mobile bottle warmer	_____
c. Refrigerators (specify cubic foot capacity) _____	_____
d. Wall cabinets	_____
  - (2) Soiled
 

a. Counter with 2-compartment sink and gooseneck-type spout	_____
---	-------
- d. Doctor's hand-washing and gowning \_\_\_\_\_
14. What storage facilities are needed for the following:
- a. Administrative and clerical supplies \_\_\_\_\_
  - b. Drugs \_\_\_\_\_
  - c. Housekeeping equipment and supplies \_\_\_\_\_
  - d. Linen
    - (1) Diaper \_\_\_\_\_
    - (2) Gown \_\_\_\_\_
    - (3) Sheet \_\_\_\_\_
    - (4) Other \_\_\_\_\_
  - e. Parenteral solutions \_\_\_\_\_
  - f. Small equipment \_\_\_\_\_
  - g. Sterile supplies \_\_\_\_\_
  - h. Unsterile supplies \_\_\_\_\_
15. What method will be used for delivery of supplies? \_\_\_\_\_
16. Will an intercommunication system be required?
- |                         | Yes   | No    |
|-------------------------|-------|-------|
| a. In the nursery       | _____ | _____ |
| b. In the delivery room | _____ | _____ |
17. Where will telephones and paging equipment be located in the nursery facilities? \_\_\_\_\_
18. Will an emergency signal be provided? Yes \_\_\_\_\_ No \_\_\_\_\_
- Specify \_\_\_\_\_
19. How will the following be removed?
- a. Soiled linen \_\_\_\_\_
  - b. Trash and other wastes \_\_\_\_\_
20. Will a separate area be required for instructing mothers in the method of feeding, bathing, and dressing infants? Yes \_\_\_\_\_ No \_\_\_\_\_
- Will any instruction or teaching of hospital personnel be done in this area? \_\_\_\_\_
21. Will toilet and dressing room facilities be provided for nursery personnel? \_\_\_\_\_
22. How will formulas be provided?
- a. Commercial formula service \_\_\_\_\_
  - b. Prepared in the hospital \_\_\_\_\_
23. Where will the formula room in the hospital be located with relation to:
- a. Nursery \_\_\_\_\_
  - b. Pediatrics \_\_\_\_\_
  - c. Other (specify) \_\_\_\_\_
24. What equipment will be needed for:
- a. Bottle washing
 

	Number
(1) Bottle washer, electric with brushes	_____
(2) Counter with 2-compartment sink and gooseneck-type spout	_____

## NURSERY—Continued

Number

- |   |       |
|---|-------|
| (3) Lavatory  | _____ |
| (4) Nipple washer   | _____ |
| (5) Nursing bottle rinser                                       | _____ |
| (6) Transfer cart   | _____ |
| (7) Other (specify)   | _____ |
| b. Preparation and filling                                      | _____ |
| (1) Bulletin board  | _____ |
| (2) Counter with 2-compartment sink and cabinets below          | _____ |
| (3) Lavatory with gooseneck-type spout                          | _____ |
| (4) Milk formula dispenser                                      | _____ |
| (5) Pressure sterilizer or low pressure cooler (capacity) _____ | _____ |
| (6) Refrigerator, milk formula, heavy duty (capacity) _____     | _____ |
| (7) Transfer cart   | _____ |
| 25. What will be the staffing pattern for the nursery:          | _____ |
| a. Supervisor   | _____ |
| b. Head nurse   | _____ |
| c. Graduate nurses  | _____ |
| d. Practical nurses   | _____ |
| e. Clerks   | _____ |
| f. Aides  | _____ |
| g. Others (specify)   | _____ |

## SURGICAL SUITE<sup>1</sup>

- How many operations are expected to be performed annually?
  - Inpatients \_\_\_\_\_
  - Outpatients \_\_\_\_\_
- What is the average number of operations to be scheduled daily? \_\_\_\_\_
- What days and hours will the operating rooms be routinely scheduled for use? Specify.  
 Days \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Days \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
- Will outpatients be treated in the surgical suite? Yes \_\_\_ No \_\_\_
- What percentage of the estimated number of operations performed annually are to be in the following surgical specialties?
 

	Percent	Number
a. Orthopedic	_____	_____
(1) Open reduction	_____	_____
(2) Closed reduction	_____	_____
(3) Other (specify)	_____	_____
b. Urology	_____	_____
(1) Cystoscopic	_____	_____
c. Ear, nose, and throat	_____	_____
d. Ophthalmic	_____	_____
e. Other (specify)	_____	_____
- Where will the surgical suite be located to reduce general traffic to a minimum? \_\_\_\_\_

<sup>1</sup> Shall comply with requirements of National Fire Protective Association, Bulletin No. 56.

## SURGICAL SUITE—Continued

	Yes	No
7. Will the surgical suite be easily accessible to the following:		
a. Recovery room	_____	_____
b. Intensive care unit	_____	_____
c. Delivery suite	_____	_____
d. Patient care units	_____	_____
e. Outpatient department	_____	_____
f. Emergency department	_____	_____
g. Central supply service	_____	_____
h. Radiographic department	_____	_____
i. Laboratory department	_____	_____
j. Other	_____	_____
8. Will the following areas be provided?		
a. Traffic control center for:		
(1) Patient receiving		
a. inpatient transfer	_____	_____
b. outpatient receiving:		
waiting	_____	_____
dressing cubicles	_____	_____
showers	_____	_____
toilet	_____	_____
(2) Personnel and visitors	_____	_____
(3) Supply receiving	_____	_____
(4) Other (specify)	_____	_____
b. Patient preparation area (interchange room)	_____	_____
c. Operating room	_____	_____
(1) How many operating rooms will be needed?		Number
a. general surgery		_____
b. orthopedic		_____
c. urology		_____
d. ear, nose, and throat		_____
e. ophthalmic		_____
f. other (specify)		_____
(2) Will the following additional equipment be provided in the operating room?		Check
a. pacemaker—defibrillator		_____
b. cardioscope, esofloscope, electrocardiograph		_____
c. mobile X-ray unit		_____
d. photographic		_____
e. television		_____
f. central piped systems:		
oxygen		_____
nitrous oxide		_____
vacuum (suction)		_____
air		_____
g. intercommunication system:		
nurses' calling station		_____
corridor signal light		_____
emergency calling station		_____
other		_____
h. instrument washer-sterilizer		_____

# SURGICAL SUITE—Continued

d. Scrub room(s) <i>Yes</i> _____ <i>No</i> _____	<i>Number</i>
(1) How many hand-scrubbing areas are required?	_____
a. Sinks required	_____
<i>Type</i> _____	_____
b. What type of liquid soap dispensers will be used?	_____
built-in _____	_____
portable _____	_____
c. Where will the wall-mounted clock be installed?	_____
Specify _____	_____
e. Substerilizing room <sup>1</sup> <i>Yes</i> _____ <i>No</i> _____	
(1) Pressure high speed sterilizer	_____
(2) Instrument washer-sterilizer	_____
(3) Other	_____
f. Central workroom <i>Yes</i> _____ <i>No</i> _____	
(1) Will it include the following?	<i>Check</i>
a. pressure sterilizer	_____
b. ultrasonic instrument cleaner	_____
c. warming cabinet	_____
d. storage cabinets and shelving	_____
e. instrument storage and sorting space	_____
f. worktable	_____
g. dumbwaiter	_____
h. pneumatic tube	_____
i. vertical conveyor	_____
j. refrigerator for temporary storage of blood, drugs, etc.	_____
k. other	_____
g. Disposal room <i>Yes</i> _____ <i>No</i> _____	
(1) Will provision be made for:	
a. liquid wastes	_____
b. solid wastes	_____
c. soiled linen	_____
d. trash	_____
(2) What equipment will be needed?	<i>Number</i>
a. laundry bampers	_____
b. carts	_____
c. dumbwaiter	_____
d. clinical sink	_____
e. covered waste container	_____
f. other	_____
h. Storage. <i>Yes</i> _____ <i>No</i> _____	
(1) Sterile supplies	<i>Check</i>
(2) Unsterile supplies	_____
(3) Anesthesia gases	_____
(4) Equipment	_____
(5) Drugs	_____
(6) Solutions	_____
a. parenteral	_____
b. sterile surgical	_____
(7) Linens (unsterile)	_____

<sup>1</sup> See Operating Room and Central Workroom.



# **SURGICAL SUITE—Continued**

	<i>Check</i>
(8) Stretcher	_____
(9) Mobile radiographic unit	_____
(10) Other (specify)	_____
i. Cystoscopic room Yes _____ No _____	
(1) What equipment is to be provided?	
a. cystoscopic table including radiographic unit	_____
b. irrigating apparatus	_____
(2) Is adequate protection provided against radiation exposure?	_____
j. Will an orthopedic equipment storage room be provided? Yes _____ No _____	
(1) Will the following equipment be included?	
a. plaster sink	_____
b. storage cabinets	_____
c. orthopedic or fracture table with accessories	_____
d. orthopedic supply cart	_____
e. other (specify)	_____
(2) What items of movable orthopedic equipment will be stored in the cabinets? Specify _____	
	Yes                      No
k. Supervisor's office	_____
l. Anesthesiology facilities	_____
(1) Office	_____
(2) Equipment storage	_____
(3) Equipment clean-up room	_____
m. Doctors' dictating area	_____
(1) Telephone dictating system	_____
(2) Portable machines	_____
n. Radiographic darkroom	_____
o. Frozen section tissue laboratory	_____
p. Janitor's closet	_____
q. Lounge and snack bar	_____
(1) What equipment will be provided for nourishment (hot and cold food and beverages)? Specify _____	
r. Locker rooms and showers	
(1) Male	_____
(2) Female	_____
a. Observation facilities for visitors	_____
t. Will a recovery room be provided?	_____
(1) How many patients will be accommodated? _____	
(2) How many hours per day and days per week will the recovery room be open?	
Days _____ Hours per day _____	
(3) What type of bed or stretcher will be used?	
a. standard hospital bed	<i>Number</i>
b. recovery bed	_____
c. stretcher	_____
(4) How will the following services be provided in the recovery room?	
a. oxygen	Central piped                      Portable
b. suction (vacuum)	_____

# **SURGICAL SUITE—Continued**

- (5) If a central piped system, where will outlets be mounted? *Check*  
 a. wall unit \_\_\_\_\_  
 b. overhead unit \_\_\_\_\_  
 c. other (specify) \_\_\_\_\_
- (6) How many grounded outlets are to be provided for each bed? \_\_\_\_\_  
 a. location \_\_\_\_\_
- (7) Where will the heavy duty grounded outlet be located for mobile radiographic unit? Specify \_\_\_\_\_
- (8) Will any of the following equipment be provided for each bed?  
 a. shelf \_\_\_\_\_  
 b. bedside cabinet \_\_\_\_\_  
 c. table \_\_\_\_\_  
 d. sphygmomanometer, wall mounted \_\_\_\_\_
- (9) What provision will be made for privacy of patients?  
 a. cubicle curtains \_\_\_\_\_  
 b. bed screen \_\_\_\_\_  
 c. other (specify) \_\_\_\_\_
- (10) What provisions will be made for isolation of patients?  
 a. cubicles \_\_\_\_\_  
 b. room \_\_\_\_\_  
 c. other (specify) \_\_\_\_\_
- (11) What provision will be made for handwashing?  
 Specify \_\_\_\_\_
- (12) What intercommunication system will be provided?  
 a. nurses' calling system \_\_\_\_\_  
 b. corridor signal light \_\_\_\_\_  
 c. emergency calling system—calling station \_\_\_\_\_  
 d. other \_\_\_\_\_
- (13) What facilities will be required for the supply room (clean utility room)?  
 a. Will all supplies be stored in this room? Yes \_\_\_\_\_ No \_\_\_\_\_  
 b. Will separate storage be provided?  
     linen \_\_\_\_\_  
     sterile and unsterile supplies \_\_\_\_\_  
     housekeeping supplies \_\_\_\_\_  
     drugs \_\_\_\_\_  
     sterile surgical solutions \_\_\_\_\_  
     parenteral solutions \_\_\_\_\_  
     equipment (small) \_\_\_\_\_  
     others (specify) \_\_\_\_\_  
 c. What methods will be used for delivery of supplies and equipment to the recovery room?  
     cart with adjustable shelves and compartments \_\_\_\_\_  
     dumbwaiter \_\_\_\_\_  
     vertical conveyor \_\_\_\_\_  
     pneumatic tube \_\_\_\_\_  
     other (specify) \_\_\_\_\_  
 d. Will equipment for treatment be assembled and prepared in this area? Yes \_\_\_\_\_ No \_\_\_\_\_

# **SURGICAL SUITE—Continued**

e. What equipment will be provided for processing and storage?	<i>Size</i>	<i>Number</i>
counter	_____	_____
sink	_____	_____
cabinets	_____	_____
open shelf	_____	_____
storage cart	_____	_____
(14) What facilities will be required for the soiled holding (soiled utility) area in the recovery room?	<i>Yes</i>	<i>No</i>
a. Will all soiled material be collected here for disposition?	_____	_____
b. Will linen and trash be bagged and placed here for temporary storage?	_____	_____
c. Will soiled utensils be rinsed here prior to being returned to central supply?	_____	_____
d. How will linen, equipment, utensils, and trash be removed?		<i>Check</i>
carts via elevator		_____
truck via elevator		_____
vertical conveyor		_____
other (specify)		_____
e. What equipment will be required for decontamination and processing?		
clinical sink		_____
utensil washer		_____
counter with sink		_____
storage and utility carts		_____
linen hamper		_____
linen trucks		_____
covered container		_____
f. Will laboratory specimens and requests be picked up from this room for delivery to the laboratory?	<i>Yes</i>	<i>No</i>
g. Will a refrigerator for storing laboratory specimens be provided?	_____	_____
(15) Will provision for refrigeration of blood, biologics and drugs damaged by heat be required?	_____	_____

## **DELIVERY SUITE<sup>1</sup>**

1. How many labor rooms will be required?	_____
a. What equipment will be needed in the labor room(s)?	_____
Specify _____	_____
b. Will toilets and showers be provided for patients in the labor room(s)?	<i>Yes</i> _____ <i>No</i> _____
2. Where will the nurses' call signal in the labor room(s) register?	_____
3. Will there be a preparation room?	<i>Yes</i> _____ <i>No</i> _____
a. What equipment will be provided?	_____
(1) Cabinet and sink	_____
(2) Shower	_____
(3) Toilet	_____
4. What method will be used for collecting and transporting laboratory specimens?	_____

<sup>1</sup> Shall comply with requirements of National Fire Protective Association, Bulletin No. 50.

## DELIVERY SUITE -Continued

5. How many delivery rooms will be required? \_\_\_\_\_
6. What equipment will be required for the delivery rooms?  
Specify \_\_\_\_\_
7. How many scrub sinks will be provided in the delivery suite? \_\_\_\_\_  
Will soap and brush dispensers be wall-mounted? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Where is the wall clock to be located for easy visibility by the delivery team? \_\_\_\_\_  
Will it have:
 

	Yes	No
a. Interval timer	_____	_____
b. Sweep second hand	_____	_____
9. Will facilities be required for observing deliveries?  
How many persons will be accommodated? \_\_\_\_\_
10. What type of recessed storage space will be provided in the delivery room(s) for supplies and equipment?
 

a. Cabinets	_____	_____
b. Open shelves	_____	_____
11. What method will be used for infant identification in the delivery room?  
What equipment is required? \_\_\_\_\_
12. Will central piped systems be provided for:
 

	Delivery room	Labor and emergency delivery room
a. Air	_____	_____
b. Nitrous oxide	_____	_____
c. Oxygen	_____	_____
d. Vacuum (suction)	_____	_____
13. Will the flask technique be used for providing sterile water and solutions in the delivery room(s)?  
Yes \_\_\_\_\_ No (specify method) \_\_\_\_\_
14. Will a solution flask warmer be installed in the delivery suite? Yes \_\_\_\_\_ No \_\_\_\_\_  
Where will this equipment be located? \_\_\_\_\_
15. Will linen be identified by color?  
Yes (specify color) \_\_\_\_\_ No \_\_\_\_\_
16. How will sterile supplies and equipment be brought from central supply to delivery room?
 

a. Cart	Check
b. Dumbwaiter	_____
17. What provision will be made for emergency sterilizing procedures?  
\_\_\_\_\_
18. Where will the anesthesia apparatus be cleaned and stored?  
Will supplies be stored in the same area? Yes \_\_\_\_\_ No \_\_\_\_\_
19. What provisions will be required for cleanup? \_\_\_\_\_
20. How will clean linen be delivered to the delivery suite?
 

a. Linen truck	Check
b. Sectional cart	_____
21. How will soiled linen be removed from the delivery suite?
 

a. Hamper	_____
b. Other (specify) _____	_____

## DELIVERY SUITE—Continued

22. Specify the type and capacity of equipment used for removing wastes.
- |                          | Type  | Capacity |
|--------------------------|-------|----------|
| a. Liquid                | _____ | _____    |
| b. Obstetrical           | _____ | _____    |
| c. Trash                 | _____ | _____    |
| d. Other (specify) _____ | _____ | _____    |
23. Where will stretchers be stored? \_\_\_\_\_
24. What provision will be made for the storage and preparation of medications in the delivery suite? \_\_\_\_\_
25. Where will the following be stored:
- |                            |       |
|----------------------------|-------|
| a. Miscellaneous equipment | _____ |
| b. Sterile supplies        | _____ |
| c. Unsterile supplies      | _____ |
26. Where will the following be located?
- |                          |       |
|--------------------------|-------|
| a. Communication systems | _____ |
| b. Paging speakers       | _____ |
| c. Telephone             | _____ |
27. Will office space be required for the following personnel?
- |                          | Yes   | No    |
|--------------------------|-------|-------|
| a. Obstetrician          | _____ | _____ |
| b. Residents and interns | _____ | _____ |
| c. Supervising nurse     | _____ | _____ |
| d. Other (specify) _____ | _____ | _____ |
28. Will a postpartum recovery room be provided? \_\_\_\_\_
29. What method will be used for recording reports of deliveries?
- |                                  | Yes   | No    |
|----------------------------------|-------|-------|
| a. Central dictating system      | _____ | _____ |
| b. Individual dictating machines | _____ | _____ |
30. Will locker, lounge, sleeping, and toilet facilities be provided in the delivery suite for the medical staff? \_\_\_\_\_
31. Will locker, lounge, and toilet facilities be provided for nursing personnel? \_\_\_\_\_

### Patient Care Unit <sup>1</sup>

32. How many beds will be assigned to the obstetrical service?
- |                                  | Rooms | Beds  |
|----------------------------------|-------|-------|
| a. One-bedroom                   | _____ | _____ |
| b. Two-bedroom                   | _____ | _____ |
| c. Other (specify) _____         | _____ | _____ |
| d. Total of each                 | _____ | _____ |
| e. Total number of nursing units | _____ | _____ |
33. Will rooming-in facilities be provided? Yes \_\_\_\_\_ No \_\_\_\_\_
- How many patients' bedrooms will provide rooming-in? \_\_\_\_\_
34. What waiting room facilities will be provided for fathers?
- |                        | Yes   | No    |
|------------------------|-------|-------|
| a. Television or radio | _____ | _____ |
| b. Toilet              | _____ | _____ |
| c. Waiting area        | _____ | _____ |
35. What will be the staffing pattern?
- |                          | Number |
|--------------------------|--------|
| a. Nurse supervisor      | _____  |
| b. Head nurse            | _____  |
| c. Graduate nurses       | _____  |
| d. Practical nurses      | _____  |
| e. Clerk                 | _____  |
| f. Aides                 | _____  |
| g. Other (specify) _____ | _____  |

<sup>1</sup> See Patient Care Unit and Nursery.

## Outpatient Services

### CLINICS

	Yes	No
1. Will there be a separate entrance for outpatients?	_____	_____
2. Will parking facilities be provided for outpatients?	_____	_____
3. Will the outpatient department be located near the following services:		
a. Admission office	_____	_____
b. Emergency department	_____	_____
c. Laboratory department	_____	_____
d. Pharmacy department	_____	_____
e. Physical medicine	_____	_____
f. Radiographic department	_____	_____
g. Other (specify) _____	_____	_____
4. What is the estimated daily patient load? _____		
5. Will outpatients be admitted at the inpatient admission office or will separate admission facilities be provided in the outpatient department? Specify _____		
6. What facilities are to be provided for waiting patients and relatives? _____		
a. Maximum number to be accommodated at one time _____		
b. Will subwaiting rooms be provided adjacent to the various clinic rooms? Yes _____ No _____		
c. Will a playroom be provided for the pediatric patients? Yes _____ No _____		
7. What provision will be made in waiting areas for displaying health education material? _____		
8. What type of communication will be used to connect the outpatient department and the rest of the hospital? _____		
9. Will office space be required for:	Yes	No
a. Administrative staff	_____	_____
b. Appointment service	_____	_____
c. Cashier	_____	_____
d. Clerical staff	_____	_____
e. Home care service	_____	_____
f. Information service	_____	_____
g. Medical staff	_____	_____
h. Nursing staff	_____	_____
i. Nutritionist(s)	_____	_____
j. Psychologist(s)	_____	_____
k. Social service worker(s)	_____	_____
l. Other (specify) _____	_____	_____
10. How will patients be directed within the department:		
a. Directional signs	_____	_____
b. Escorts	_____	_____
c. Other (specify) _____	_____	_____

## CLINICS—Continued

	Yes	No
11. How are entries on clinical records to be recorded?		
a. Central dictating system	_____	_____
b. Hand written	_____	_____
c. Portable dictating machine	_____	_____
Where will recording be done? _____		
12. What regularly scheduled clinics will be held?		
a. Allergy	_____	_____
b. Cardiovascular	_____	_____
c. Chest	_____	_____
d. Dental	_____	_____
e. Dermatology	_____	_____
f. Diabetic	_____	_____
g. Ear, nose, and throat	_____	_____
h. Eye	_____	_____
i. Gynecology	_____	_____
j. Medical	_____	_____
k. Mental Hygiene	_____	_____
l. Neurological	_____	_____
m. Orthopedic	_____	_____
n. Pediatric	_____	_____
o. Postpartum	_____	_____
p. Prenatal	_____	_____
q. Screening	_____	_____
r. Surgical	_____	_____
s. Urology	_____	_____
t. Other (specify) _____		
13. How many examination rooms will be required? Number _____		
a. Will lavatories be provided in each examination room?	_____	_____
b. Will two dressing booths be provided for each room?	_____	_____
If no, specify _____		
c. Will any of the examination rooms be equipped for specialty clinics?	_____	_____
If yes, specify _____		
14. Will there be a room for instructing patients?	_____	_____
If yes, how many people will be accommodated? Specify _____		
15. Will a utility room be included in the outpatient department?	_____	_____
16. Will storage facilities be required for any of the following:		
a. Drugs	_____	_____
b. Housekeeping equipment and supplies	_____	_____
c. Instruments	_____	_____
d. Linen	_____	_____
e. Nonsterile supplies	_____	_____
f. Orthopedic equipment and supplies	_____	_____
g. Poison antidotes	_____	_____
h. Sterile supplies	_____	_____
i. Stretchers	_____	_____
j. Wheelchairs	_____	_____
k. Other (specify) _____		
17. Will toilet, locker, and lounge facilities be provided in the department for personnel?	_____	_____
18. How many public toilets will be provided? Specify _____		

## CLINICS—Continued

	<i>Number</i>
19. What will be the staffing pattern?	
a. Nurse supervisor	_____
b. Head nurse	_____
c. Graduate nurses	_____
d. Practical nurses	_____
e. Clerks	_____
f. Aides—orderlies	_____
g. Others (specify)	_____

## DENTAL

1. Will the hospital offer dental services?	<u>Yes</u>	<u>No</u>
2. Will the hospital have a full-time dentist?	_____	_____
If not, how will dental services be provided? _____		
3. What services will be provided?	<i>Check</i>	
a. Operative dentistry	_____	
b. Oral surgery	_____	
c. Prosthodontia	_____	
d. Other (specify) _____	_____	
4. Where will the suite be located with relation to:		
a. Admission office	_____	
b. Emergency service	_____	
c. Outpatient department	_____	
5. To whom will dental services be offered?	<i>Yes</i>	<i>No</i>
a. Inpatients	_____	_____
b. Outpatients	_____	_____
6. What is the estimated daily patient load? _____		
7. How many dental chairs will be provided?	<i>Number</i>	
a. With units	_____	
b. Without units	_____	
8. What personnel will be employed?	<i>Full-time</i>	<i>Part-time</i>
a. Clerk	_____	_____
b. Dental assistant	_____	_____
c. Dental hygienist	_____	_____
d. Dentist	_____	_____
e. Dental laboratory technician	_____	_____
	<i>Yes</i>	<i>No</i>
9. Will a dental laboratory be provided?	_____	_____
10. Will dental X-ray service be provided?	_____	_____
a. Darkroom	_____	_____
11. If a State requires prior approval by State radiation control agency, will the plans and specifications be submitted for review?	_____	_____
12. Who will be responsible for radiation safety?	_____	
Specify _____	_____	
13. Will the X-ray equipment comply with State radiation control regulations?	_____	_____
14. Where will general anesthetics be administered to dental patients?	_____	
Specify _____	_____	



## DENTAL—Continued

	Yes	No
15. Will waiting space be provided? What will be the capacity of the waiting space? _____	_____	_____
16. Will office space be needed? _____	_____	_____
17. What provision will be made for giving care to nonambulatory patients? _____	_____	_____
18. Will a recovery room be required? _____	_____	_____
19. Will additional space be required for any educational activities? Specify _____ _____ _____	_____	_____

## EMERGENCY

	Yes	No
1. How will the emergency services of the hospital be operated? a. As a separate department _____ b. As a unit of the outpatient department _____	_____	_____
2. Near what other department or area in the hospital will the emergency service be located? a. Admitting office _____ b. Ambulance entrance _____ c. Business office _____ d. Laboratory _____ e. Outpatient department _____ f. Surgical suite _____ g. X-ray _____ h. Other (specify) _____	_____	_____
3. What is the estimated daily case load? _____	_____	_____
4. How many examination and treatment rooms are required? _____	_____	_____
5. Will any minor surgery be performed in the emergency suite? Specify limitations _____	_____	_____
6. Will any rooms be equipped for any special procedure? Specify _____	_____	_____
7. Maximum number of persons to be accommodated in waiting area? _____ a. What facilities are to be provided? (1) Phone booths _____ (2) Toilet _____ (3) Other (specify) _____	_____	_____
8. Will office or desk space be required for: a. Clerical personnel _____ b. Medical staff _____ c. Nurses _____ d. Police and press _____ e. Other (specify) _____	_____	_____
9. Will directional signs to the emergency department be provided? a. External _____ b. Internal _____	_____	_____
10. Will charting and dictating areas be provided? Specify type _____	_____	_____

## EMERGENCY—Continued

11. What communication system will be used between the emergency suite and other areas in the hospital? \_\_\_\_\_

12. If the emergency suite is not staffed "around-the-clock" what provision will be made for alerting personnel to cover emergencies?

Specify \_\_\_\_\_

Will sleeping facilities for "on-call" personnel be required in the suite? Yes \_\_\_\_\_ No \_\_\_\_\_

*Rooms*

13. Which of the following types of examining lights will be required:

<i>Mixer operating</i>	<i>Examination and treatment</i>
_____	_____
_____	_____
_____	_____

a. Ceiling hung

b. Portable

c. Wall-mounted

14. What type of resuscitating equipment will be provided in the emergency suite? \_\_\_\_\_

Number \_\_\_\_\_

15. Will plaster casts be applied or removed in the emergency suite? Yes \_\_\_\_\_ No \_\_\_\_\_

16. What provision will be made in the emergency suite for warming blankets and solutions? \_\_\_\_\_

17. How will oxygen be made available in the emergency suite?

Yes \_\_\_\_\_ No \_\_\_\_\_

a. Central piped system

If yes, specify location and number of outlets \_\_\_\_\_

b. Portable unit

If yes, specify number \_\_\_\_\_

18. How will vacuum (suction) be made available to the emergency suite?

a. Central piped system

If yes, specify location and number of outlets \_\_\_\_\_

b. Portable unit

If yes, specify number \_\_\_\_\_

19. Will an observation area be provided?

a. How many hospital beds or recovery type stretchers will be needed? \_\_\_\_\_

b. Will private bath and toilet facilities be provided for this area? \_\_\_\_\_

c. Will the toilet have a bedpan flushing device attached? \_\_\_\_\_

d. How will meals be served emergency patients? \_\_\_\_\_

20. Where will the equipment and supplies be sterilized? \_\_\_\_\_

21. Will a utility room be provided?

a. What equipment will be needed?

1. Clinical sink

2. Counter and sink

3. Wall cabinet

4. Other (specify) \_\_\_\_\_

22. What type of patient stretcher will be used?

a. Folding

b. Nonadjustable

c. Manual or hydraulic adjustable

d. Transfer, overbed

e. Other (specify) \_\_\_\_\_

## EMERGENCY—Continued

	Yes	No
23. What type of wheelchair will be used?		
a. Folding		
b. Nonfolding		
24. If the hospital maintains an ambulance service, who will be responsible for this activity? Specify _____		
a. Will the ambulance be equipped with a two-way radio?		
b. Where will the ambulance be parked? (Specify) _____		
25. What unloading facilities will be provided for ambulance patients?		
a. Will the unloading area be protected from the elements?		
b. Will a ramp be installed?		
26. Will any short-term parking space be provided at the entrance?		
27. Will any housekeeping facilities other than a janitor's closet, be provided in the emergency suite?		
If yes, specify _____		
28. Will storage space be provided in the emergency suite for any of the following:		
a. Drugs, poison antidotes, and narcotics		
b. Instruments		
c. Linen collection and distribution equipment		
d. Mobile equipment		
e. Orthopedic equipment and supplies		
f. Parenteral solutions		
g. Sterile packs		
h. Stretchers		
i. Unsterile supplies		
j. Wheelchairs		
29. Are toilet and dressing room facilities to be provided for the department?		

## Adjunct Clinical Services

### LABORATORY

	Yes	No
1. Will the hospital have a pathologist?	_____	_____
a. Full-time	_____	_____
b. Part-time	_____	_____
If not, what provision will be made for supervision? _____		
2. If laboratory service is under contract,		
a. Who will own the equipment? _____		
b. Who will be responsible for equipment repair, upkeep, and replacement? _____		
c. Will personnel be employed by the hospital or the contractor? _____		
3. Determine the hospital services which will utilize the laboratory.	Yes	No
a. Emergency	_____	_____
b. Morgue and autopsy	_____	_____
c. Nursing	_____	_____
d. Outpatient	_____	_____
e. Surgery	_____	_____
f. Others (specify) _____		
4. Where will the laboratory be located? _____		
5. What functions will be included in the laboratory?		
a. Diagnostic	_____	_____
b. Research	_____	_____
c. Teaching	_____	_____
6. Determine the space requirements for the technical units based on the number of tests, equipment, and the number of personnel projected for each of the following:	Number of tests	Number of personnel
a. Bacteriology	_____	_____
b. Blood Bank	_____	_____
(1) Blood drawing room	_____	_____
(2) Donors' recovery room	_____	_____
(3) Laboratory	_____	_____
c. Biochemistry	_____	_____
d. Hematology	_____	_____
e. Histology	_____	_____
(1) Frozen Section	_____	_____
(2) Tissue preparation	_____	_____
f. Parasitology	_____	_____
g. Serology	_____	_____
h. Urinalysis	_____	_____
i. Others (specify) _____	_____	_____

# LABORATORY—Continued

7. What technical units will be combined in the same work area? _____		
8. Will the technical units be in one open area, individual rooms, or separated by partitions? _____		
9. Will the following facilities be provided for:	Yes	No
a. Basal metabolism—electrocardiography room	_____	_____
b. Clerk-typist	_____	_____
c. Conference room	_____	_____
d. Files	_____	_____
e. Pathologists' offices	_____	_____
f. Secretary	_____	_____
g. Specimen toilet	_____	_____
h. Venipuncture cubicle	_____	_____
i. Waiting room	_____	_____
10. Will the following auxiliary service facilities be provided for:		
a. Animal quarters	_____	_____
b. Photography and medical illustration	_____	_____
c. Preparation and sterilization of culture media	_____	_____
d. Sterilizing glassware	_____	_____
e. Washing glassware	_____	_____
(1) Centrally	_____	_____
(2) Individual units	_____	_____
f. Others (specify) _____	_____	_____
11. Will specimens and laboratory requests be sent to a central location in the laboratory or to the individual technical unit? _____		
12. How will the laboratory reports be distributed?		
a. Central pneumatic tube system	_____	_____
b. Laboratory personnel	_____	_____
c. Messenger service	_____	_____
13. Indicate the desirable functional arrangement of the technical, administrative, and auxiliary areas. _____		
14. What are the laboratory furniture requirements?	Location	Number
a. Built-in and free-standing desks	_____	_____
b. Filing cabinets	_____	_____
c. Workbenches:		
(1) Drawers below	_____	_____
(2) Cabinets below	_____	_____
(3) Knee space below	_____	_____
d. Stools and chairs	_____	_____
e. Storage cabinets	_____	_____
(1) Free-standing	_____	_____
(2) Wall-hung	_____	_____
f. Materials used on workbenches:		Check
(1) Composition	_____	_____
(2) Plastic	_____	_____
(3) Stainless steel	_____	_____
(4) Wood	_____	_____
(5) Other (specify) _____	_____	_____

## LABORATORY—Continued

15. What equipment will require special consideration for the following:
- a. Darkened area \_\_\_\_\_
  - b. Power \_\_\_\_\_
  - c. Protective measures for personnel \_\_\_\_\_
  - d. Other (specify) \_\_\_\_\_
16. What are the storage requirements for:
- a. Chemicals \_\_\_\_\_
  - b. Glassware \_\_\_\_\_
  - c. Laboratory supplies \_\_\_\_\_
  - d. Office supplies \_\_\_\_\_
  - e. Other (specify) \_\_\_\_\_
17. How will vacuum (suction) oxygen and air be provided?
- a. Central piped system Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, specify location and number of outlets \_\_\_\_\_
  - b. Other (specify) \_\_\_\_\_
18. Identify equipment which requires special electrical considerations \_\_\_\_\_
19. What are the requirements for:
- a. Emergency shower \_\_\_\_\_
  - b. Gas and electrical outlets (specify) \_\_\_\_\_
  - c. Transfer rooms or cabinets \_\_\_\_\_
20. Are toilet and locker facilities to be provided for personnel within the department? Yes \_\_\_\_\_ No \_\_\_\_\_
21. What equipment will be used by more than one technical unit? \_\_\_\_\_
- Specify location for proper multiple use \_\_\_\_\_

## MORGUE AND AUTOPSY

1. Where will the morgue and autopsy facilities be located? \_\_\_\_\_  
Specify \_\_\_\_\_
- a. Will the morgue entrance be readily accessible to vehicles? \_\_\_\_\_  
Specify \_\_\_\_\_
2. What will be the body capacity of the mortuary refrigerators? \_\_\_\_\_
3. Will a ceiling hung light be provided for the autopsy table? Yes \_\_\_\_\_ No \_\_\_\_\_
4. How many recessed film illuminators will be required? \_\_\_\_\_  
Specify \_\_\_\_\_
5. What type of storage facilities will be required for
- a. Equipment and supplies \_\_\_\_\_
  - b. Specimens \_\_\_\_\_
6. What provision will be made for cleaning and sterilizing autopsy instruments? \_\_\_\_\_
7. How will vacuum (suction) be provided? \_\_\_\_\_
8. What equipment will be provided for transporting bodies?
- |                       | Yes   | No    |
|-----------------------|-------|-------|
| a. Body lifter        | _____ | _____ |
| b. Wheeled stretchers | _____ | _____ |
9. Will dressing and shower facilities be provided for personnel? \_\_\_\_\_
10. Will dictation equipment be provided?
- |                             |       |       |
|-----------------------------|-------|-------|
| a. Central dictating system | _____ | _____ |
| b. Portable                 | _____ | _____ |

# RADIOLOGY

## Diagnostic <sup>1</sup>

1. Will the hospital have a radiologist?	Yes	No
a. Full-time	_____	_____
b. Part-time	_____	_____
If not, what provision will be made for:		
a. Clinical aspects _____		
b. Film reading _____		
c. Radiation safety _____		
2. If radiological service is under contract _____		
a. Who will own the equipment? _____		
b. Who will be responsible for equipment repair, upkeep, radiation safety, and replacement? _____		
c. Will personnel be employed by the hospital or the contractor? _____		
3. Will office space be required for the following personnel?		
a. Radiologist	_____	_____
b. Resident	_____	_____
c. Receptionist-secretary	_____	_____
d. Other (specify) _____	_____	_____
4. Will the radiologist's office and the film-reading room be combined?	_____	_____
5. Will a separate film-viewing area be provided for the medical staff?	_____	_____
6. What is the estimated daily number of patient examinations?		
a. Inpatient _____		
b. Outpatient _____		
7. How many personnel will be required to staff the department?		
	<i>Title</i>	<i>Number</i>
_____	_____	_____
8. What radiographic units will be required?		
a. Radiographic and fluoroscopic unit with spot film device including timer and variable aperture collimator	<i>Number of units</i>	<i>Type of machine</i>
b. Radiographic unit with variable aperture collimator	_____	_____
c. Mobile unit with variable aperture collimator	_____	_____
(1) Explosion proof for use in operating room	_____	_____
9. If a variable aperture collimator is not a part of each radiographic machine, what alternative methods will be used to limit the X-ray beam to the dimensions of the film?		
Specify _____		
10. Will X-ray equipment comply with State radiation control regulations and nationally recognized safety criteria?	Yes	No
11. Will adequate shielding be provided for each control booth?	_____	_____
12. Will shielding be provided in walls, floors, and ceiling, either by construction material or lead to adequately protect:		
a. Individuals in hallways and adjacent areas	_____	_____
b. Unexposed film	_____	_____
13. If a State requires prior approval by State radiation control agency, will the plans and specifications be submitted for review?	_____	_____

<sup>1</sup> Shall comply with requirements of National Bureau of Standards Handbook No. 76 or State law.

# RADIOLOGY—Diagnostic—Continued

	Yes	No
14. Will any training program be provided for:		
a. X-ray technicians	_____	_____
b. Interns and/or residents	_____	_____
15. Will the Radiology Department be located near:		
a. Other diagnostic and treatment services	_____	_____
b. Outpatient Department	_____	_____
c. Emergency Department	_____	_____
d. Surgery	_____	_____
e. Other (specify) _____	_____	_____
16. In what other areas or departments will diagnostic X-ray equipment be utilized?		
a. Operating room	_____	_____
b. Recovery room	_____	_____
c. Patient care unit	_____	_____
d. Cystoscopic room	_____	_____
e. Emergency	_____	_____
f. Admitting	_____	_____
g. Dental	_____	_____
h. Other (specify) _____	_____	_____
17. Where will transformers be located?		
a. In X-ray room	_____	_____
(1) Under floor	_____	_____
(2) Overhead	_____	_____
(3) Other (specify) _____	_____	_____
18. Will any of the above units include an image intensifier?	_____	_____
19. Are dressing rooms to be located central to or between the X-ray rooms? Specify _____	_____	_____
20. How many toilets are required adjacent to fluoroscopy rooms? _____		
21. Will the film-processing room be located central to or between the radiographic rooms?		
Specify _____		
a. Total number of personnel to be working in the film-processing room during peak loads? _____		
b. Are cassette pass-through boxes to be provided from the film processing room? Yes_____ No_____		
c. Where will film processing be performed for Surgical Suite and Outpatient and Emergency Departments? Specify _____		
22. What type of equipment is to be used in film processing?		
a. Hand		Capacity
(1) Developing tank with thermostatic mixing valve	_____	_____
(2) Through-the-wall processing tank	_____	_____
(3) Refrigerating unit	_____	_____
(4) Film-drying equipment	_____	_____
b. Automatic	_____	_____
23. Are the film identification, sorting, and distribution activities to be combined in one room or in separate rooms?		
Specify _____		
24. Will a waiting room be provided for the department?	Yes	No
Number _____	_____	_____
a. Seating capacity of waiting room? _____		
25. Is a wheelchair and stretcher-patient holding area planned?	_____	_____



## RADIOLOGY—Diagnostic—Continued

26. Is an intercommunication system planned? *Yes* \_\_\_\_ *No* \_\_\_\_
27. Where will the stations be located?  
Specify \_\_\_\_\_
28. Are reports to be recorded by a telephone dictating system or individual machines?  
Specify \_\_\_\_\_
- a. Where will reports be transcribed? \_\_\_\_\_
29. How many filing cabinets are required for reports? \_\_\_\_\_
30. What equipment and space will be required for active film files?  
*Type* \_\_\_\_\_ *Number* \_\_\_\_\_
- a. Open shelf files \_\_\_\_\_
- b. Filing cabinets \_\_\_\_\_
31. Where will inactive films be stored? \_\_\_\_\_
- a. Equipment requirements \_\_\_\_\_
32. Will provisions be made for microfilming? *Yes* \_\_\_\_ *No* \_\_\_\_
33. Where will the barium preparation area be located? \_\_\_\_\_
- a. Equipment requirements to include barium sink, counter, and cabinet.  
Specify \_\_\_\_\_
34. What storage facilities are needed for the following?
- a. X-ray film, unused \_\_\_\_\_
- b. Developing solutions \_\_\_\_\_
- c. Radiographic opaque solutions \_\_\_\_\_
- d. Daily linen carts \_\_\_\_\_
- e. Housekeeping supplies and equipment \_\_\_\_\_
- f. Office supplies \_\_\_\_\_
35. Shall all film storage areas comply with local and State fire regulations? *Yes* \_\_\_\_ *No* \_\_\_\_
36. Where will the mobile X-ray unit be parked? \_\_\_\_\_
37. Are toilet and locker facilities planned for personnel within the department? *Yes* \_\_\_\_ *No* \_\_\_\_

## Radiation Therapy <sup>1</sup>

- |  |                     |                 |
|--|---------------------|-----------------|
|  | <i>Yes</i>          | <i>No</i>       |
| 1. Will the hospital have a radiologist?   | _____               | _____           |
| a. If not, will the service be available in a nearby hospital?                                     | _____               | _____           |
| 2. Who will be responsible for:  |                     |                 |
| a. Radiation physics _____   |                     |                 |
| b. Radiation safety _____  |                     |                 |
| 3. What will be the estimated daily patient load? _____  |                     |                 |
| 4. What X-ray therapy units will be required?  | <i>Type of Unit</i> | <i>Capacity</i> |
| a. Deep therapy _____  | _____               | _____           |
| b. Superficial therapy _____   | _____               | _____           |
| 5. Will a recovery room be necessary? <i>Yes</i> ____ <i>No</i> ____                               |                     |                 |
| a. Number of beds required? _____  |                     |                 |
| 6. Will radium be used? <i>Yes</i> ____ <i>No</i> ____   |                     |                 |
| 7. What provision will be made for the storage, transport, and handling of radium? (Specify) _____ |                     |                 |
| 8. Will "cold" sterilization be provided for radium? <i>Yes</i> ____ <i>No</i> ____                |                     |                 |

<sup>1</sup> Shall comply with requirements of National Bureau of Standards Handbook No. 73 and No. 76 and State laws.

## Radiation Therapy—Continued

- |  | Yes   | No    |
|--|-------|-------|
| 9. Will facilities be required for the following:  |       |       |
| a. Radiologist's office  | _____ | _____ |
| b. Examining room  | _____ | _____ |
| c. Stretcher space   | _____ | _____ |
| d. Waiting room  | _____ | _____ |
| 10. Will shielding be provided in walls, floors, and ceiling either by construction material or lead for adequate protection?        | _____ | _____ |
| 11. If a State requires prior approval by State radiation control agency, will the plans and specifications be submitted for review? | _____ | _____ |

## Radioisotope—Internally Administered <sup>1</sup>

- |   | Yes   | No    |
|---|-------|-------|
| 1. Will radioisotopes be used?  |       |       |
| a. Diagnostic   | _____ | _____ |
| b. Therapy  | _____ | _____ |
| 2. Will this service be a separate unit or part of  |       |       |
| a. Laboratory   | _____ | _____ |
| b. Radiology  | _____ | _____ |
| c. Others (specify) _____   | _____ | _____ |
| 3. Who will be responsible for radiation safety? Specify _____                                    |       |       |
| 4. Will the use, storage, and handling of radioisotopes comply with Federal or State regulations? | _____ | _____ |
| 5. What equipment, space, and shielding will be provided for:                                     |       |       |
| a. Radiochemistry laboratory _____  |       |       |
| b. Patient uptake measuring _____   |       |       |
| c. Storage _____  |       |       |
| d. Disposal _____   |       |       |
| 6. Will the following be provided:  |       |       |
| a. Offices  | Yes   | No    |
| b. Waiting space  | _____ | _____ |

## REHABILITATION—Physical Therapy

- |   |       |        |
|---|-------|--------|
| 1. What will be the estimated number of patients treated daily? |       | Number |
| a. Inpatient  |       | _____  |
| b. Outpatient   |       | _____  |
| 2. Where will the department be located with relation to:       |       |        |
| a. Patient care units _____                                     |       |        |
| b. Occupational therapy _____                                   |       |        |
| c. Outpatient department _____                                  |       |        |
| 3. Will it be near:   |       |        |
| a. Elevators  | Yes   | No     |
| b. Main lobby   | _____ | _____  |

<sup>1</sup> Shall comply with Bureau of Standards Handbook No. 42 and State laws.

# REHABILITATION—Physical Therapy—Continued

	Yes	No
4. Will a ramp be provided at outside entrances?	_____	_____
5. Will the following treatment areas be provided?		
a. Cubicle (dry)	_____	_____
b. Exercise (open)	_____	_____
c. Underwater exercise (wet)	_____	_____
6. How many personnel will be required to staff the department?		Number
a. Therapists		_____
b. Others (specify) _____		_____
7. Is any of the following equipment to be provided?	Yes	No
a. Diathermy	_____	_____
b. Electrical diagnostic and stimulation apparatus	_____	_____
c. Exercise steps (type) _____	_____	_____
d. Goniometer	_____	_____
e. Gym mat	_____	_____
f. Hot-pack machine	_____	_____
g. Infrared lamp (type) _____	_____	_____
h. Overhead trapeze for table	_____	_____
i. Paraffin bath (capacity) _____	_____	_____
j. Parallel bars, adjustable height and width	_____	_____
k. Passive vascular exercise apparatus	_____	_____
l. Posture mirrors	_____	_____
m. Progressive resistance apparatus (type) _____	_____	_____
n. Shoulder wheel	_____	_____
o. Stall bars	_____	_____
p. Stretchers with safety belts	_____	_____
q. Tilt table	_____	_____
r. Traction apparatus	_____	_____
s. Treatment tables	_____	_____
t. Treatment tank	_____	_____
u. Ultrasonic apparatus	_____	_____
v. Ultraviolet lamp (type) _____	_____	_____
w. Wheelchairs, folding	_____	_____
x. Whirlpool bath and chair	_____	_____
y. Other (specify) _____	_____	_____
8. Identify equipment which requires special electrical or plumbing considerations. Specify _____		
9. What equipment will need special attachments to the floor, walls, or ceiling? _____		
Indicate location _____		
10. How many treatment cubicles will be provided? _____		
a. Will armchairs be required? Yes _____ No _____		
b. What provision will be made for storage within the cubicle? _____		
c. What material will be used to partition the cubicles? _____		
11. How many examination rooms will be needed? Specify _____		
12. What waiting facilities are to be provided?		
a. Ambulatory patients (specify) _____		

## REHABILITATION—Physical Therapy—Continued

- b. Wheelchair and stretcher patients (specify) \_\_\_\_\_
13. Where will the stretchers and wheelchairs be parked while patients are being treated? \_\_\_\_\_
14. Where are storage facilities for the following to be located? Specify \_\_\_\_\_
- Supply carts \_\_\_\_\_
  - Crutches and walkers \_\_\_\_\_
  - Linen \_\_\_\_\_
  - Supplies \_\_\_\_\_
15. Is an office to be provided? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is it to be located near the waiting area? Yes \_\_\_\_\_ No \_\_\_\_\_
16. What equipment is required in the utility room? \_\_\_\_\_
17. What equipment will be required for collecting and distributing linen? \_\_\_\_\_
- Where will the carts and hampers be stored? \_\_\_\_\_
18. Will toilet facilities accommodate wheelchair patients and attendant? Yes \_\_\_\_\_ No \_\_\_\_\_
19. Are the following to be located in or near the department? Specify \_\_\_\_\_
- Dressing room \_\_\_\_\_
  - Staff lockers \_\_\_\_\_
  - Staff toilet \_\_\_\_\_
20. How many lavatories will be needed? Specify \_\_\_\_\_

## REHABILITATION—Occupational Therapy

- |   |               |       |
|---|---------------|-------|
| 1. What will be the estimated number of patients treated daily? | <i>Number</i> |       |
| a. Home service   | _____         | _____ |
| b. Inpatients   | _____         | _____ |
| c. Outpatients  | _____         | _____ |
2. Based on estimated number of patients,
- |  |            |           |
|--|------------|-----------|
| a. Will the hospital provide occupational therapy services | <i>Yes</i> | <i>No</i> |
| (1) Full-time  | _____      | _____     |
| (2) Part-time  | _____      | _____     |
- If not provided, will it be available in nearby institutions or communities?  
Will occupational therapy services be provided in the patient care units? \_\_\_\_\_
3. Where will the department be located with relation to
- Patient care units \_\_\_\_\_
  - Outpatient Department \_\_\_\_\_
  - Physical therapy \_\_\_\_\_
  - Other (specify) \_\_\_\_\_
4. Will it be near
- Elevators \_\_\_\_\_
  - Main lobby \_\_\_\_\_
5. Will a ramp be provided at outside entrances? \_\_\_\_\_

# REHABILITATION—Occupational Therapy—Continued

## 6. What occupational therapy activities will be provided? (Specify)

a. Activities of Daily Living    b. Light Exercise and Craft    c. Work Therapy and Shop

Area	Area	Area
Bathroom _____	(Light, clean, quiet)	(Consider noise and dust; heavy activities)
Bedroom _____	Card Knitting Frame, Ceramics	Bicycle jig saw _____
Gadget Board _____	Electric wheel _____	Bicycle sander _____
Kitchen _____	Dump box _____	Metal Work
Living Room _____	Kick wheel _____	Grinder-buffer _____
	Kiln _____	Pipe bender _____
	Pounding table _____	Pipe cutter _____
	Rack for drying _____	Painting and Refinishing
	and storage _____	Plastics and Adaptive Equipment
	Sink with _____	Bunsen burner or heating
	plaster trap _____	appliance _____
	Sewing	Power Tools
	Electric sewing	Band saw _____
	machine _____	Drill press _____
	Treadle sewing	Lathe _____
	machine _____	Power grinder _____
	Typing	Power jig saw _____
	Desk _____	Power sander _____
	Table _____	Shoeing Box
	Weaving	Work benches _____
	Floor loom _____	
	Table loom _____	
	Upright loom _____	
	Warping creel _____	
	Work benches _____	
	Work tables _____	

7. What area is expected to have the greatest number of patients at any one time? Specify \_\_\_\_\_

8. How many personnel will be required?

	Number
a. Aides _____	_____
b. Occupational therapists _____	_____
c. Volunteers _____	_____
d. Others (specify) _____	_____

9. Where are storage facilities for the following to be located?

a. Carts _____	_____
b. Equipment _____	_____
c. Linen _____	_____
d. Supplies _____	_____

10. Have a sufficient number of sinks with drainboard been placed strategically in the department?    Yes    No

Will the sinks accommodate wheelchair patients?    \_\_\_\_\_    \_\_\_\_\_

11. Is an office to be provided?    \_\_\_\_\_    \_\_\_\_\_

Where will it be located?    \_\_\_\_\_    \_\_\_\_\_

12. What type of filing equipment is to be used for records?    \_\_\_\_\_    \_\_\_\_\_

Indicate \_\_\_\_\_

13. Will all power equipment be properly grounded?    \_\_\_\_\_    \_\_\_\_\_

14. Will the dangerous equipment be equipped with effective guards?    \_\_\_\_\_    \_\_\_\_\_

## REHABILITATION—Occupational Therapy—Continued

15. What provisions will be made to reduce
  - a. Dust \_\_\_\_\_
  - b. Noise \_\_\_\_\_
16. Indicate number, type, and location of electric outlets. \_\_\_\_\_
17. Will toilet facilities accommodate wheelchair patient and his attendant? Yes \_\_\_\_ No \_\_\_\_
18. Is the staff toilet located in or near the department?  
Specify \_\_\_\_\_

## INHALATION THERAPY

1. What will be the estimated percent of patients to require inhalation therapy over a 24-hour period? \_\_\_\_\_
2. Will the inhalation therapy be centrally controlled? Yes \_\_\_\_ No \_\_\_\_  
If no, what department will be responsible? \_\_\_\_\_
3. Where will the equipment be cleaned, repaired, and issued? Specify \_\_\_\_\_
4. What facilities will be provided for cleaning and storing equipment? Specify \_\_\_\_\_  
Will safety racks be provided for cylinder storage? <sup>1</sup> Yes \_\_\_\_ No \_\_\_\_
5. What services are to be provided? Specify \_\_\_\_\_
6. How will oxygen be provided throughout the hospital? <sup>2</sup>

	Yes	No
a. Central piped system	_____	_____
b. Individual machine	_____	_____
7. How will vacuum (suction) be provided throughout the hospital? <sup>2</sup>

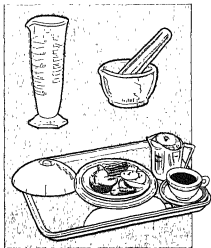
	Yes	No
a. Central system	_____	_____
b. Individual machine	_____	_____
8. Which items of equipment will be required?
 

	Type	Number
a. Combination humidifier-aspirator unit	_____	_____
b. Complete oxygen wall unit	_____	_____
c. Head tent	_____	_____
d. High humidity tent	_____	_____
e. Intermittent positive pressure apparatus	_____	_____
f. Nebulizer	_____	_____
g. Oxygen tent	_____	_____
h. Respirator	_____	_____
i. Resuscitator	_____	_____
j. Vaporizer	_____	_____
k. Other (specify) _____	_____	_____
9. How will the used equipment and accessories be returned to the clean area? Specify \_\_\_\_\_
10. Will office space be provided? Yes \_\_\_\_ No \_\_\_\_
11. What staff will be required? Specify by number and title \_\_\_\_\_
12. What facilities will be required for the nursing staff instruction and training program? \_\_\_\_\_

<sup>1</sup> Shall comply with requirements of National Fire Protective Association, Bulletin No. 55.

<sup>2</sup> See individual departments.

## II. PARAMEDICAL SERVICES







## Pharmacy

	<i>Yes</i>	<i>No</i>
1. Will the hospital operate a Pharmacy Department? If not, what provision will be made for supervising the hospital pharmaceutical service? Specify _____	_____	_____
2. Is pharmacy service to be provided for:		
a. Inpatient	_____	_____
b. Outpatient	_____	_____
3. Will the pharmacy carry out other functions in addition to compounding and dispensing individual prescriptions and other patient medications?		
a. Manufacturing pharmaceuticals		
(1) Bulk fluids	_____	_____
(2) Ointments	_____	_____
(3) Others (specify) _____	_____	_____
b. Manufacturing sterile preparations		
(1) Small volume sterile solutions	_____	_____
(2) Small-medium volume sterile solutions, e.g., antibiotic dilutions, collyris, etc.	_____	_____
(3) Large volume parenteral solutions	_____	_____
(4) Other sterile solutions for surgery, delivery room, and treatment purposes	_____	_____
c. Testing of fluids prepared (e.g., simple determinations of dextrose, sodium chloride, etc.)	_____	_____
4. Will pharmaceuticals be distributed to nursing units on		
a. A floor stock basis	_____	_____
b. An individual prescription basis	_____	_____
c. A combination of a floor stock and an individual prescription basis	_____	_____
5. What provision will be made for emergency and after-hour dispensing? Specify _____		
6. Will specifications for the purchase of drugs be a responsibility of the pharmacy?	_____	_____
a. Will the final processing of purchase orders be done by the pharmacy?	_____	_____
b. How many of the following items will be needed for purchasing and inventory control by the pharmacy:		<i>Check</i>
(1) Filing cabinets		_____
(2) Card files		_____
(3) Bookcase or shelving for:		
a. Reference books		_____
b. Current literature		_____
c. Catalogs		_____
(4) Others (specify) _____		_____

# Pharmacy—Continued

		Number	
		Full time	Part time
7.	Number of staff to operate these facilities		
a.	Chief pharmacist		
b.	Staff pharmacist		
c.	Pharmacy helper		
d.	Secretary-stenographer		
e.	Other (specify) _____		
8.	Which departments or services receive the bulk of the pharmaceutical service? _____		
		Yes	No
9.	Will the pharmacy be centrally located to inpatient and outpatient services?		
a.	If not conveniently located near the latter, is an outpatient department dispensary indicated?		
b.	Will a "waiting area" be provided for outpatients?		
10.	What method will be used to distribute drugs to patient care units?		
a.	Cart		
b.	Dunhwaiter		
c.	Pneumatic tube		
d.	Other (specify) _____		
11.	Will bulk pharmacy stores be convenient to the pharmacy?		
12.	Indicate the functioning arrangement of the following areas: receiving, storage, compounding, issuing, and others: _____		
_____			
13.	What is the relationship of each function to work flow?		
a.	Compounding and dispensing _____		
b.	Prepackaging and inpatient medication filling _____		
	(1) Floor and clinic basket filling _____		
	(2) Filling and labeling floor stock units _____		
	(3) Storage of finished pharmaceuticals _____		
c.	Manufacturing _____		
	(1) General pharmaceuticals _____		
d.	Sterile preparation _____		
	(1) Small-medium volume sterile solutions _____		
	(2) Large volume parenteral solutions _____		
	(3) External sterile solutions _____		
e.	Office and library _____		
14.	Intercommunication is to be:	Yes	No
a.	Only interdepartmental		
b.	Intradepartmental		
c.	With phone		
d.	With extension		
e.	With phone and extension		

# Pharmacy—Continued

15. The storage facilities to be provided will be:

- a. Separate bulk pharmacy stores
- b. Active (work) storeroom in pharmacy
- c. Special storage facilities
  - (1) Alcohol vault
  - (2) Narcotic safe
  - (3) Refrigeration for thermolabile drugs

Yes No

16. The major equipment necessary will be

- a. Specialized pharmacy casework
  - (1) Cabinets and drawers
  - (2) Carboy racks
  - (3) Counters and cupboards
  - (4) Shelving
  - (5) Sink assemblies
  - (6) Work tables
- b. Manufacturing equipment
  - (1) Filter press
  - (2) Mixing and storage
  - (3) Ointment mill and mixer
- c. Specialized parenteral solution manufacturing equipment
  - (1) Flask washer
  - (2) Flask-filling apparatus
  - (3) Water still and meter
  - (4) Sterilizer (joint use if located nearby in central sterile supply department)
  - (5) Aseptic hood

17. What toilet and locker facilities will be provided?

Specify \_\_\_\_\_

## Medical Records

1. What will be the operating policy of the department?	Yes	No
a. Central dictating and transcribing	<hr/>	<hr/>
b. Dictation in record room	<hr/>	<hr/>
c. Microfilm records after 3-5 years	<hr/>	<hr/>
d. Transfer records to inactive storage after a predetermined period (3-5 years)	<hr/>	<hr/>
2. What facilities will the service require?		
a. Active record storage area <sup>1</sup>	<hr/>	<hr/>
b. Doctors' reviewing and dictating room	<hr/>	<hr/>
c. Inactive record storage area	<hr/>	<hr/>
d. Microfilming and film-reading room	<hr/>	<hr/>
e. Recording and sorting area	<hr/>	<hr/>
f. Other (specify) _____	<hr/>	<hr/>
3. Where will the medical records service be located with relation to:		
a. Admission office _____		
b. Business office _____		
c. Doctors' lounge and library _____		
d. Medical library _____		
e. Outpatient department _____		
f. Other (specify) _____		
4. What equipment will be needed?	<i>Number</i>	
a. Card cabinet	<hr/>	
b. Dictating-transcribing equipment	<hr/>	
c. File <sup>2</sup>	<hr/>	
(1) Cabinet	<hr/>	
(2) Open shelf	<hr/>	
(3) Revolving	<hr/>	
d. Microfilm equipment	<hr/>	
e. Photocopying machine	<hr/>	
f. Posture chair	<hr/>	
g. Punch card or other data-processing equipment	<hr/>	
h. Swivel chair	<hr/>	
i. Table	<hr/>	
j. Typewriter desk	<hr/>	
k. Visible index file	<hr/>	
5. Is additional space needed for:	Yes	No
a. Dumbwriter to inactive storage	<hr/>	<hr/>
b. Pneumatic tube station	<hr/>	<hr/>
c. Other (specify) _____	<hr/>	<hr/>

<sup>1</sup> Requirements will be determined by type of filing system; e.g., terminal digit block control or straight numerical filing.

<sup>2</sup> Filing space may be based on an average of 5-6 inpatient and 10-12 outpatient records per filing inch.

## Medical Records—Continued

6. Specify communication method other than telephone with:

a. Admission office \_\_\_\_\_

b. Doctors' charting room \_\_\_\_\_

c. Emergency department \_\_\_\_\_

d. Outpatient department \_\_\_\_\_

e. Other (specify) \_\_\_\_\_

7. Will an office be required for the medical record librarian? Yes \_\_\_\_ No \_\_\_\_

8. How many personnel will be required to staff the department?

*Title*

*Number*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. What toilet and locker facilities will be provided?

Specify \_\_\_\_\_

## Dietary

- |  |                  |                  |                 |              |
|--|------------------|------------------|-----------------|--------------|
| 1. Who will be responsible for the food service?   | Yes              | No               |                 |              |
| a. Food management services (nonhospital)  | _____            | _____            |                 |              |
| b. Hospital administrative dietitian   | _____            | _____            |                 |              |
| c. Hospital food manager   | _____            | _____            |                 |              |
| d. Other (specify) _____   |                  |                  |                 |              |
| 2. What type of menu will be provided?   |                  |                  |                 |              |
| a. Nons elective, cycle  | _____            | _____            |                 |              |
| b. Selective, cycle  | _____            | _____            |                 |              |
| c. Other (specify) _____   |                  |                  |                 |              |
| 3. What food service functions, other than food production, will be centralized?                           |                  |                  |                 |              |
| a. Dishwashing   | _____            | _____            |                 |              |
| b. Patient tray service  | _____            | _____            |                 |              |
| c. Other (specify) _____   |                  |                  |                 |              |
| 4. Where will the following persons be served?   | <i>Patients</i>  | <i>Personnel</i> | <i>Visitors</i> |              |
| a. Cafeteria   | _____            | _____            | _____           |              |
| b. Dining room   | _____            | _____            | _____           |              |
| c. Patient care unit   |                  |                  |                 |              |
| (1) Bedroom  | _____            |                  |                 |              |
| (2) Day-dining room  | _____            |                  |                 |              |
| 5. What is the estimated number of meals to be served daily?   | <i>Breakfast</i> | <i>Dinner</i>    | <i>Supper</i>   | <i>Other</i> |
| a. Patient   | _____            | _____            | _____           | _____        |
| b. Personnel   | _____            | _____            | _____           | _____        |
| c. Others, such as outpatients, visitors   | _____            | _____            | _____           | _____        |
| 6. Specify the accepted codes and standard regulations for the following functions:                        |                  |                  |                 |              |
| a. Cooking _____   |                  |                  |                 |              |
| b. Dishwashing _____   |                  |                  |                 |              |
| c. Food holding _____  |                  |                  |                 |              |
| d. Food serving _____  |                  |                  |                 |              |
| 7. Will design of food service equipment meet National Sanitation Foundation Standards? Yes _____ No _____ |                  |                  |                 |              |

### Receiving and Storage<sup>1</sup>

- |   |       |       |
|---|-------|-------|
| 8. How will food deliveries be conveyed to storage if receiving facilities are on different levels? | Yes   | No    |
| a. Elevator   | _____ | _____ |
| b. Dumbwaiter   | _____ | _____ |
| c. Reversible belt conveyor   | _____ | _____ |

<sup>1</sup> See Central Storerooms.

## Receiving and Storage—Continued

9. How will the following items be purchased?
- |                      | Chilled | Frozen | Portion control | Quarter | Wholesale cut |
|----------------------|---------|--------|-----------------|---------|---------------|
| a. Fish              | _____   | _____  | _____           | _____   | _____         |
| b. Meat              | _____   | _____  | _____           | _____   | _____         |
| c. Poultry           | _____   | _____  | _____           | _____   | _____         |
| d. Trimmed fruit     | _____   | _____  | _____           | _____   | _____         |
| e. Trimmed vegetable | _____   | _____  | _____           | _____   | _____         |
10. What storage facilities will be provided for the following deliveries?
- |                           | Chilled | Frozen |
|---------------------------|---------|--------|
| a. Daily                  | _____   | _____  |
| b. Weekly or biweekly     | _____   | _____  |
| c. Others (specify) _____ | _____   | _____  |
11. Specify type of refrigerated facilities to be provided.
- |                          | Chill | Freeze | Capacity | Number |
|--------------------------|-------|--------|----------|--------|
| a. Reach-in refrigerator | _____ | _____  | _____    | _____  |
| (1) Top loading          | _____ | _____  | _____    | _____  |
| (2) Upright              | _____ | _____  | _____    | _____  |
| b. Walk-in cooler        | _____ | _____  | _____    | _____  |
| (1) Built-in             | _____ | _____  | _____    | _____  |
| (2) Fabricated           | _____ | _____  | _____    | _____  |
12. Specify refrigerated facilities to be used in such areas as:
- |                          | Type  | Capacity | Number | Chill | Freeze |
|--------------------------|-------|----------|--------|-------|--------|
| a. Bakery-dessert        | _____ | _____    | _____  | _____ | _____  |
| b. Cooking               | _____ | _____    | _____  | _____ | _____  |
| c. Salad making          | _____ | _____    | _____  | _____ | _____  |
| d. Serving               | _____ | _____    | _____  | _____ | _____  |
| e. Other (specify) _____ | _____ | _____    | _____  | _____ | _____  |
13. What storage facilities are to be provided?
- |                    | Type  | Capacity or size | Number | Dry storage |       |
|--------------------|-------|------------------|--------|-------------|-------|
|                    |       |                  |        | Day         | Term  |
| a. Bins-cans       | _____ | _____            | _____  | _____       | _____ |
| (1) Portable       | _____ | _____            | _____  | _____       | _____ |
| b. Shelving        | _____ | _____            | _____  | _____       | _____ |
| (1) Adjustable     | _____ | _____            | _____  | _____       | _____ |
| (2) Fixed          | _____ | _____            | _____  | _____       | _____ |
| c. Cabinet, locked | _____ | _____            | _____  | _____       | _____ |
14. What storage will be provided for bread and other bakery purchases?  
Specify \_\_\_\_\_
15. Has shelving in all storage areas been planned for a minimal 6-inch floor clearance?  
Yes \_\_\_\_\_ No \_\_\_\_\_

## Kitchen

16. Which items of equipment are needed in the following food production areas? Specify.

	Type	Capacity or size	Number
a. Cooking-Baking			
(1) Bakers bins	_____	_____	_____
(2) Bakers racks, portable	_____	_____	_____
(3) Bakers scale	_____	_____	_____
(4) Broiler	_____	_____	_____
a. 1-deck	_____	_____	_____
b. 2-deck	_____	_____	_____

# Kitchen—Continued

	Type	Capacity or size	Number
(5) Cabinet			
(6) Deep fat fryer			
(7) Food mixer			
a. Floor-mounted			
b. Table-mounted			
(8) Hood and ventilating fan, removable grease filters			
(9) Lavatory			
(10) Oven			
a. Baking			
b. Roasting			
c. Combination			
(11) Plate spreader			
(12) Range top			
a. 2-section			
b. 3-section			
(13) Refrigerator			
(14) Sink			
(15) Steamer			
a. 1-compartment			
b. 2-compartment			
(16) Steam-jacketed kettle			
a. Floor-mounted			
b. Table-mounted			
(17) Extinguisher system for grease fires in hoods and ducts			
(18) Table			
a. Bakers			
b. Cooks			
(19) Waste food disposer			
(20) Water cooler			
b. Meat			
(1) Cuts for trimming			
(2) Electric meat saw			
(3) Electric meat slicer			
(4) Meat block <sup>1</sup>			
(5) Meat tenderizer			
(6) Sink, drainboard			
(7) Table—cutting board			
(8) Other (specify) _____			
c. Vegetable—salade—cold foods			
(1) Food cart or truck			
(2) Food cutter			
(3) Refrigerator			
(4) Sink, drainboard			
(5) Table			
(6) Trash or garbage cans			

<sup>1</sup> May not be needed if prefabricated cuts are purchased.



## Kitchen—Continued

	Type	Capacity or size	Number
(7) Vegetable peeler	_____	_____	_____
(8) Waste food disposer	_____	_____	_____
17. In the location of the cooking area convenient for transporting hot foods to serving lines for:		Yes	No
a. Cafeteria service		_____	_____
b. Patient tray service		_____	_____

## Pot Washing

18. Is pot washing to be performed manually or mechanically?			
Specify _____			
a. If manually, has a 3-compartment sink been provided?		_____	_____
b. If mechanically, will an electric pot washer be used?		_____	_____
19. Specify other equipment needed in the pot washing area.	Type	Capacity	Number
a. Booster heater	_____	_____	_____
b. Mechanical revolving brush	_____	_____	_____
c. Lavatory	_____	_____	_____
d. Portable pot racks	_____	_____	_____
e. Pot-pan washing unit for sink	_____	_____	_____
f. Drainsinks	_____	_____	_____
g. Waste food disposer	_____	_____	_____

## Bakery

20. If bakery is maintained, which items are to be baked:	Yes	No
a. Baked desserts	_____	_____
b. Hot breads	_____	_____
c. Pastries	_____	_____
d. Other (specify) _____	_____	_____
21. If premises are used, where will they be stored?		
Specify _____	_____	_____
22. How are bakery and dessert items to be transported to the serving area?		
Specify _____	_____	_____
23. Has space been provided beneath bakers' table for storing ingredient bins?	_____	_____
24. Are shelves needed above bakers' table for holding spice containers?	_____	_____

## Patients' Tray Service

25. If a centralized system is used for patients' tray service, specify type of table to be used for tray assembly?	
a. Fixed _____ b. Mobile _____	
26. Will serving table be equipped with a conveyor belt? Yes _____ No _____	
27. How many electric outlets are needed on the serving tables for connecting hot and cold food-holding units? Number _____	
28. Are separate food-holding units required for serving modified diets? Yes _____ No _____	

# **Patients' Tray Service—Continued**

29. What type of equipment will be used for holding the following items?		<i>Cabinets</i>	<i>Mobile carts</i>	<i>Self-leveling dispensers</i>
a. Bowls				
b. Cups				
c. Dishes				
d. Plates				
e. Plate covers				
f. Trays				
30. If thermostatically controlled, self-leveling dish dispensers are not used, how will dishes and plate covers be preheated? Specify _____				
31. What kind of refrigerated facilities are needed on or near the "cold food" line for storing salads and frozen desserts?		<i>Capacity</i>	<i>Chill</i>	<i>Freeze</i>
a. Mobile refrigerated cabinet				
b. Pass-through refrigerator				
c. Reach-in refrigerator				
32. How will hot beverages be prepared?	<i>Automatic beverage maker</i>	<i>Automatic urn</i>	<i>Beverage dispenser unit</i>	<i>Vacuum coffee maker</i>
a. Chocolate				
b. Coffee				
c. Tea				
d. If instant beverages are used, how will boiling water be provided? _____				
e. Will thermal beverage pots be used? Yes _____ No _____				
33. How will "preset" tray items be stored?	<i>Cabinet</i>	<i>Shelves</i>	<i>Table</i>	<i>Other</i>
a. Breads				
b. Flatware				
c. Jellies				
d. Packaged condiments				
34. Specify which of the following items are to be located near the serving line.		<i>Type</i>	<i>Capacity</i>	<i>Number</i>
a. Electric blender				
b. Electric griddle				
c. Electric toaster				
d. Electronic trunnion kettles for speed cooking? Yes _____ No _____				
e. Microwave oven to defrost and heat frozen items? Yes _____ No _____				
f. Portion/dietetic scale				
g. Other (specify) _____				
35. How are trays transported to patient care floors?			<i>Yes</i>	<i>No</i>
a. Dumbwaiter				
(1) Floor level				
(2) Shelf type				
b. Elevator				
c. Vertical belt carrier				
36. If mobile tray conveyors are used, specify.		<i>Capacity</i>	<i>Number</i>	
a. Hot-cold				
b. Unheated, enclosed				

## Patients' Tray Service—Continued

37. How will food temperatures be maintained if unbent tray conveyors are used? *Hot-cold*  
*draws* *Thermal*  
*containers*  
 a. Cold foods \_\_\_\_\_  
 b. Hot foods \_\_\_\_\_  
 c. Frozen foods \_\_\_\_\_
38. Where will mobile tray conveyors be stored in the kitchen?  
 Specify \_\_\_\_\_
39. How will mobile food holding and serving units be sanitized?  
 Specify \_\_\_\_\_
40. Specify type and capacity of ice making machine. *Type* *Capacity*  
 a. Cafeteria \_\_\_\_\_  
 b. Salad \_\_\_\_\_  
 c. Other (specify) \_\_\_\_\_
41. What type of general feeding facilities are to be provided for: *Patient* *Personnel* *Visitors*  
 a. Cafeteria-dining room \_\_\_\_\_  
 b. Snack bar \_\_\_\_\_  
 c. Vending machines \_\_\_\_\_

## Cafeteria—Dining

42. How many seats are needed in the cafeteria? *Number* \_\_\_\_\_
43. Is cafeteria service open for all meals to: *Yes* *No*  
 a. Personnel \_\_\_\_\_  
 b. Visitors \_\_\_\_\_
44. Is the location of the cafeteria accessible for: *Yes* *No*  
 a. Inpatients \_\_\_\_\_  
 b. Outpatients \_\_\_\_\_
45. What type of serving counters are to be provided? *Custom*  
*fabricated* *Standard sectional units with*  
*insets guards*  
 a. Fixed \_\_\_\_\_  
 b. Mobile \_\_\_\_\_
46. Will space be provided for mobile dish storage units? *Yes* \_\_\_\_\_ *No* \_\_\_\_\_
47. Specify where flatware will be stored. *Check*  
 a. Portable tray stand \_\_\_\_\_  
 b. Serving counter \_\_\_\_\_
48. If patients use the cafeteria, how will modified diets be handled?  
 Specify \_\_\_\_\_
49. How many serving lines will be needed? \_\_\_\_\_
50. Is a separate line needed for preparing sandwiches and grill items? *Yes* \_\_\_\_\_ *No* \_\_\_\_\_
51. What type of hot food-holding table will be used? Specify. *Electric* *Gas*  
 a. Steam \_\_\_\_\_  
 b. Waterless \_\_\_\_\_
52. If "cold pans" are used for displaying desserts, salads, and other cold items, how are they cooled? *Type* *Capacity* *Number*  
 a. Ice filled \_\_\_\_\_  
 b. Mechanically cooled \_\_\_\_\_

## Cafeteria—Dining—Continued

53. How will the counter be arranged for beverage service?

	Counter service		Self service	
	Hot	Cold	Hot	Cold
a. Chocolate				
b. Coffee				
c. Milk				
d. Tea				
e. Other				
54. Specify storage facilities for:			Counter service	Self service
a. Cups for hot beverages				
b. Glasses for cold beverages				
55. Where will the water cooler be located:				
Specify _____			Yes	No
a. Is space provided near cooler for storing glasses on mobile racks?				
56. Are lavatory and toilet facilities located near the cafeteria?				
57. Is a lavatory located behind the cafeteria serving counter?				
58. Are facilities needed in cafeteria area for checking coats?				

## Dishwashing

59. Will the dishwashing room handle trays from:

	Yes	No
a. Cafeteria		
b. Patient care floors		
c. Other (specify) _____		

60. If a central dishwashing room is provided, how will trays be transported from:

	Belt tray carrier		Mobile tray conveyors	
	Horizontal	Vertical	Unheated	Hot-cold
a. Cafeteria				
b. Patient care floors				
c. Other (specify) _____				

61. Specify equipment required in dishwashing room:

	Type	Capacity	Number	Dimension
a. Dish racks				
b. Dishwashing machine				
c. Glass racks				
d. Hood and ventilating fan				
e. Lavatory				
f. Mobile dish units				
g. Soak sink				
h. Table				
(1) Clean ware				
(2) Soiled ware				
i. Waste food disposer				

## Garbage-Trash Area

62. Have refrigerated facilities been provided for storing garbage and trash?

	Yes	No
a. How are these areas kept fire safe?		
Specify _____		

## Garbage-Trash Area—Continued

- b. Has a separate platform been provided for garbage and trash pickup? Yes \_\_\_\_\_ No \_\_\_\_\_  
 c. Has adequate space been provided for sanitizing garbage and trash cans? \_\_\_\_\_
63. What equipment is needed for the following areas?
- | a. Garbage:                | Type  | Capacity | Number |
|----------------------------|-------|----------|--------|
| (1) Can rack               | _____ | _____    | _____  |
| (2) Can washer             | _____ | _____    | _____  |
| (3) Covered cans           | _____ | _____    | _____  |
| (4) Others (specify) _____ | _____ | _____    | _____  |
- 
- | b. Trash:                  |       |       |       |
|----------------------------|-------|-------|-------|
| (1) Cans                   | _____ | _____ | _____ |
| (2) Can and bottle crusher | _____ | _____ | _____ |
| (3) Tool kit               | _____ | _____ | _____ |
| (4) Other (specify) _____  | _____ | _____ | _____ |
64. Has provision been made for storing the following equipment in the janitor's alcove? Yes \_\_\_\_\_ No \_\_\_\_\_
- a. Ladder, 2-step with rails \_\_\_\_\_  
 b. Racks for brooms and mops \_\_\_\_\_  
 c. Truck, mopping, two buckets with ringer \_\_\_\_\_  
 d. Vacuum cleaner, wet and dry \_\_\_\_\_
65. What type of cabinet will be used for storing clean uniforms? Specify \_\_\_\_\_
- a. Built-in \_\_\_\_\_  
 b. Mobile \_\_\_\_\_
66. Will mobile hampers be provided for soiled linens and uniforms? \_\_\_\_\_
- a. If not, how will linens be handled? Specify \_\_\_\_\_

## Patient Care Units

67. If a progressive patient care program is planned, how will patients in day-dining rooms receive trays? Specify \_\_\_\_\_
- a. Mobile cafeteria \_\_\_\_\_  
 b. Mobile tray conveyor \_\_\_\_\_  
 c. Other (specify) \_\_\_\_\_
68. If dietary facilities are provided on patient care floors, will they be used for: Yes \_\_\_\_\_ No \_\_\_\_\_
- a. Housing ice machines \_\_\_\_\_  
 b. Icing water carafes \_\_\_\_\_  
 c. Preparing special or interval feedings \_\_\_\_\_  
 d. Storing nourishments \_\_\_\_\_  
 e. Storing small tray carts \_\_\_\_\_
69. Where will drinking glasses and water carafes be sanitized? \_\_\_\_\_
- a. Central dishwashing room \_\_\_\_\_  
 b. Other (specify) \_\_\_\_\_

## Educational Facilities

70. What conference facilities are provided for the following groups? Location \_\_\_\_\_
- a. Dietary employees \_\_\_\_\_  
 b. Inpatients \_\_\_\_\_

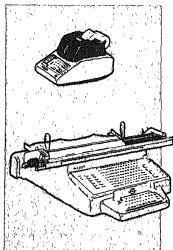
## Educational Facilities—Continued

	<i>Location</i>
c. Outpatients _____	_____
d. Staff (medical, nursing, and others) _____	_____
e. Students (dietetic interns, nursing) _____	_____
71. Specify equipment needed for teaching programs:	
a. Bulletin boards _____	_____
b. Chalk boards _____	_____
c. Projectors _____	_____
d. Other (specify) _____	_____
72. Are facilities required for performing special research studies? <i>Yes</i> _____ <i>No</i> _____	
If yes, where will they be located?	
a. Patient care floor _____	_____
b. Special wing _____	_____
c. Other (specify) _____	_____
73. How many employees are required to staff the dietary department?	<i>Number</i>
a. Baker _____	_____
b. Clerical _____	_____
c. Cooks _____	_____
d. Dietitians _____	_____
(1) Administrative _____	_____
(2) Therapeutic _____	_____
e. Food manager _____	_____
f. Food service supervisors _____	_____
g. Food service workers _____	_____
74. What toilet, shower, and locker facilities are provided for food service workers? Specify _____	

## Office

	<i>Yes</i>	<i>No</i>
75. Will the dietitian's office be accessible from nonkitchen areas?	_____	_____
a. Will the office be provided with glass paneling to observe food service activities?	_____	_____
b. How many dietary personnel will require office space?		
Specify _____		

### III. GENERAL ADMINISTRATIVE SERVICES







## Administrative Services

### 1. Admission Service

#### a. Where will patients be admitted?

*Check*

- (1) Admission office \_\_\_\_\_
- (2) Business office \_\_\_\_\_
- (3) Emergency Department \_\_\_\_\_
- (4) Outpatient Department \_\_\_\_\_
- (5) Patients' room \_\_\_\_\_
- (6) Other (specify) \_\_\_\_\_

#### b. Where will admission office be located with relation to:

- (1) Business office \_\_\_\_\_
- (2) Cashier \_\_\_\_\_
- (3) Credit manager \_\_\_\_\_
- (4) Doctors' entrance \_\_\_\_\_
- (5) Doctors' lounge \_\_\_\_\_
- (6) Doctors' register panel \_\_\_\_\_
- (7) Elevators \_\_\_\_\_
- (8) Emergency Department \_\_\_\_\_
- (9) Information \_\_\_\_\_
- (10) Main lobby \_\_\_\_\_
- (11) Medical records \_\_\_\_\_
- (12) Outpatient Department \_\_\_\_\_
- (13) Social service \_\_\_\_\_
- (14) Switchboard \_\_\_\_\_

#### c. How many personnel will be needed to staff the admission office(s) during peak load? \_\_\_\_\_

#### d. How many separate offices or cubicles will be needed? \_\_\_\_\_

#### e. What major equipment is required? (Specify Number)

- |                          |                           |
|--------------------------|---------------------------|
| (1) Chair _____          | (5) Patients' index _____ |
| (2) Desk _____           | (6) Sofa _____            |
| (3) Filing cabinet _____ | (7) Typewriter _____      |
| (4) Office table _____   | (8) Other (specify) _____ |

#### f. Is space or room required for:

*Check*

- (1) Duplicating or printing equipment \_\_\_\_\_
- (2) Form storage \_\_\_\_\_
- (3) Imprinting machine (patient's identification) \_\_\_\_\_
- (4) Intercommunication system \_\_\_\_\_
- (5) Pneumatic tube station \_\_\_\_\_
- (6) Punch card or other data processing equipment \_\_\_\_\_
- (7) Supervisor's office \_\_\_\_\_
- (8) Waiting (other than lobby) Seating capacity \_\_\_\_\_
- (9) Wheelchair and stretcher \_\_\_\_\_

#### g. Where will patients' valuables be kept (specify)? \_\_\_\_\_

### 2. Information Service

#### a. What will the service need to fulfill its functions?

- (1) Counter-type service in the business office \_\_\_\_\_

# Administrative Services—Continued

	Check
(2) Desk-type service adjoining the business office <sup>1</sup>	_____
(3) Space for auxiliary personnel	_____
(4) Space for mail sorting	_____
(5) Space for pneumatic tube station	_____
(6) Switchboard and information service	_____
(a) Combined	_____
(b) Separate	_____
b. Where will information service be located with relation to:	
(1) Admission office _____	
(2) Business office _____	
(3) Doctors' register _____	
(4) Emergency Department _____	
(5) Main lobby _____	
(6) Outpatient Department _____	
(7) Switchboard _____	
(8) Other (specify) _____	
c. What equipment is needed for the information service?	
(1) Chair _____	
(2) Counter _____	
(3) Desk _____	
(4) Patients' index _____	
(5) Stool _____	
(6) Table or equipment for mail and small packages _____	
3. Telephone Switchboard	
a. Will telephone service be provided by:	
(1) PBX switchboard _____	
(a) Dial system-internal _____	
(b) Manual system _____	
(2) Limited direct lines for outside calls _____	
b. Will public telephone booths be provided? Yes _____ No _____	
Location _____	
c. Where will the switchboard be located with relation to:	
(1) Business office _____	
(2) Information _____	
(3) Main lobby _____	
(4) Other (specify) _____	
4. Business Office	
a. Will separate offices be provided for:	Check
(1) Accounting _____	_____
(2) Business manager-accountant and/or head bookkeeper _____	_____
(3) Cashier _____	_____
(4) Controller-business manager _____	_____
(5) Credit manager _____	_____
(6) Insurance _____	_____
(7) Personnel officer _____	_____
(8) Posting and billing _____	_____
(9) Other (specify) _____	_____
b. Where will the business office be located with relation to:	
(1) Administrator's office _____	
(2) Main lobby _____	

<sup>1</sup> Recommended when Admission Office is omitted.

## Administrative Services—Continued

(3) Outpatient Department _____		
(4) Other (specify) _____		
c. What major items of equipment will be provided in the office(s)?	<i>Number</i>	<i>Location</i>
(1) Automatic writer	_____	_____
(2) Bookcase	_____	_____
(3) Calculator	_____	_____
(4) Desk	_____	_____
(5) Filing cabinet	_____	_____
(6) Handwritten intercommunication system	_____	_____
(7) Office table	_____	_____
(8) Patients' radio system	_____	_____
(9) Posting and billing machine	_____	_____
(10) Posture chair	_____	_____
(11) Punch card or other data processing equipment	_____	_____
(12) Remittance machine	_____	_____
(13) Safe or vault (built-in)	_____	_____
(14) Straight chair	_____	_____
(15) Swivel chair	_____	_____
(16) Tab files for machine accounting	_____	_____
(17) Typewriter desk	_____	_____
5. Purchasing:	<i>Yes</i>	<i>No</i>
a. Will the hospital employ a purchasing agent?	_____	_____
If yes, will the office of the purchasing agent be in:		
(1) Administration Department	_____	_____
(2) Storeroom	_____	_____
(3) Other (specify) _____	_____	_____
b. Is the location easily accessible to:		
(1) Administration	_____	_____
(2) Employees	_____	_____
(3) Salesman	_____	_____
c. What equipment is needed for the purchasing agent's office?		<i>Number</i>
(1) Bookcase—shelves		_____
(2) Card file		_____
(3) Calculator		_____
(4) Chair		_____
(5) Desk		_____
(6) Filing cabinet		_____
(7) Office table		_____
d. Is additional space needed for:	<i>Yes</i>	<i>No</i>
(1) Secretarial staff	_____	_____
(2) Waiting space	_____	_____
6. How many personnel will be needed to staff the administrative services?		<i>Number</i>
a. Admissions		_____
b. Telephones		_____
c. Information		_____
d. Cashier		_____
e. Posting and billing		_____
f. Business manager		_____
g. Controller		_____
h. Insurance clerk		_____
i. Administrator		_____

# Administrative Services—Continued

			<i>Number</i>
j.	Assistant administrator		_____
k.	Purchasing agent		_____
l.	Stenographer		_____
m.	Office clerk		_____
n.	Social workers		_____
7.	Conference room(s) and library		
a.	Will space be provided for:	<i>Conference</i>	<i>Library</i>
	(1) Administrative personnel	_____	_____
	(2) Auxiliary personnel	_____	_____
	(3) Medical staff, including house staff	_____	_____
	(4) Nurses	_____	_____
	(5) Trustees	_____	_____
b.	Will combinations of any of the above be acceptable? Yes _____ No _____		<i>Seating capacity</i>
	If yes, name the combination. _____		_____
c.	Where will conference space be provided?		<i>Seating capacity</i>
	(1) Administration	_____	<i>Purpose</i>
	(2) Staff dining room	_____	_____
	(3) Staff lounge	_____	_____
	(4) Other (specify) _____	_____	_____
d.	Where will library facilities be provided?		<i>Location</i>
	(1) Nurses	_____	_____
	(2) Patients	_____	_____
	(3) Physician	_____	_____
	(4) Other (specify) _____	_____	_____
a.	What type of shelving is desirable?	<i>Yes</i>	<i>No</i>
	(1) Closed shelves	_____	_____
	(2) Open shelves	_____	_____
	(3) Periodicals	_____	_____
	(4) Stacks	_____	_____
8.	What offices are required?		<i>Number</i>
a.	Administrator's office	_____	<i>Near or adjoining</i>
b.	Assistant administrator's office	_____	_____
c.	Assistant director of nursing office	_____	_____
d.	Auxiliary office	_____	_____
e.	Chaplains' office	_____	_____
f.	Director of nursing office	_____	_____
g.	Secretaries' office	_____	_____
h.	Social service office	_____	_____
i.	Other (specify) _____	_____	_____
9.	Will the hospital operate:		<i>Location</i>
a.	Gift shop	_____	_____
b.	Snack bar	_____	_____
c.	Vending machines	_____	_____
10.	Will the hospital provide:	<i>Yes</i>	<i>No</i>
a.	Assembly room	_____	_____
b.	Chapel	_____	_____
c.	Meditation or retiring room	_____	_____
11.	Will the hospital have an employee health program?	_____	_____
	If so, specify desired location _____	_____	_____

## Operational Services

### CENTRAL STERILE SUPPLY

1. What services are to be provided?
 

	Yes	No	Specify
a. Centralization of cleaning and sterilization of all equipment and supplies	<hr/>	<hr/>	<hr/>
b. Partial centralization of cleaning and sterilization of equipment and supplies	<hr/>	<hr/>	<hr/>
c. Storage and issue of all equipment and supplies	<hr/>	<hr/>	<hr/>
d. Partial storage and issue of equipment and supplies	<hr/>	<hr/>	<hr/>
e. Other	<hr/>	<hr/>	<hr/>
2. Will the hospital's central supply service be a separate department or operate as a unit of some other hospital department?  
Specify 

---
3. Where will the department be located with relation to:
  - a. Central distribution point 

---
  - b. Central storeroom 

---
  - c. Laundry 

---
  - d. Patient care 

---
  - e. Outpatient Department 

---
  - f. Pharmacy 

---
  - g. Surgical suite 

---
  - h. Others (specify) 

---
4. What disposable, sterile, and unsterile items are to be used? 

---
5. What kinds of materials are to be processed?
 

	Yes	No
a. Cotton	<hr/>	<hr/>
b. Equipment (specify) <hr/>	<hr/>	<hr/>
c. Gauze	<hr/>	<hr/>
d. Glassware	<hr/>	<hr/>
e. Instruments	<hr/>	<hr/>
f. Linen	<hr/>	<hr/>
g. Needles	<hr/>	<hr/>
h. Rubber gloves	<hr/>	<hr/>
i. Rubber goods	<hr/>	<hr/>
j. Solutions	<hr/>	<hr/>
(1) Irrigation	<hr/>	<hr/>
(2) Parenteral	<hr/>	<hr/>
(3) Surgical (flasks)	<hr/>	<hr/>
(4) Other (specify) <hr/>	<hr/>	<hr/>
k. Syringes	<hr/>	<hr/>

# CENTRAL STERILE SUPPLY—Continued

				<i>Yes</i>	<i>No</i>
l.	Treatment trays			_____	_____
m.	Utensils			_____	_____
n.	Other (specify) _____			_____	_____
6.	What equipment will be needed?	<i>Yes</i>	<i>No</i>	<i>Model</i>	<i>Size</i>
a.	Glove conditioner and powderer <sup>1</sup>	_____	_____	_____	_____
b.	Glove tester <sup>1</sup>	_____	_____	_____	_____
c.	Glove washer <sup>1</sup>	_____	_____	_____	_____
d.	Linen inspection table	_____	_____	_____	_____
e.	Multiple-tube washer <sup>1</sup>	_____	_____	_____	_____
f.	Needle cleaner <sup>1</sup>	_____	_____	_____	_____
g.	Needle sharpener <sup>1</sup>	_____	_____	_____	_____
h.	Sterilizers	_____	_____	_____	_____
	(1) Ethylene oxide	_____	_____	_____	_____
	(2) Hot air	_____	_____	_____	_____
	(3) Pressure	_____	_____	_____	_____
	(4) Pressure, vacuum	_____	_____	_____	_____
i.	Syringe washer <sup>1</sup>	_____	_____	_____	_____
j.	Ultrasonic cleaner	_____	_____	_____	_____
k.	Water still	_____	_____	_____	_____
l.	Work table	_____	_____	_____	_____
7.	Will any sterilizing equipment be located in other areas of the hospital? Specify size and list under appropriate department.				
_____					
8.	What special equipment will be installed to provide an efficient work flow in processing materials?			<i>Yes</i>	<i>No</i>
a.	Conveyor belts			_____	_____
b.	Unit work tables			_____	_____
c.	Others (specify) _____			_____	_____
9.	Will a single room or multiple rooms be provided? _____				
10.	How will the work areas be divided?				
a.	By function, such as receiving, disassembling, cleaning, assembling, wrapping, sterilizing, storing, and issuing?				
_____					
b.	By type of supply or equipment used, such as glove processing room, solution preparation room, etc.				
_____					
c.	What work areas will be physically enclosed?				
Specify _____					
d.	How many work stations will be provided? _____				
11.	In what work areas will the following be needed?				
a.	Compressed air _____				
b.	Electrical outlets _____				
c.	Special lighting _____				
d.	Vacuum (suction) _____				
e.	Other special facilities (specify) _____				
_____					

<sup>1</sup> Not needed if disposable item is used.

# **CENTRAL STERILE SUPPLY—Continued**

- |   |       |       |
|---|-------|-------|
| 12. What prepackaged items will be purchased?   | Yes   | No    |
| a. Cotton balls   | _____ | _____ |
| b. Parenteral solutions   | _____ | _____ |
| c. Surgical dressings   | _____ | _____ |
| d. Others (specify) _____   |       |       |
| 13. What facilities are to be provided for inspecting, cleaning, and storing large equipment? Specify _____   |       |       |
| 14. Will plans provide for separating the receiving and issuing areas?  | _____ | _____ |
| 15. What equipment is to be used for distributing supplies to using departments?  | Yes   | No    |
| a. Cart   | _____ | _____ |
| b. Dumbwaiter   | _____ | _____ |
| c. Elevator   | _____ | _____ |
| d. Pneumatic tube   | _____ | _____ |
| e. Other (specify) _____  |       |       |
| 16. What type of equipment will be needed to transport soiled equipment and supplies from the using departments to Central Supply Department? _____ |       |       |
| Where will this equipment be stored when not in use? _____  |       |       |
| 17. Will a separate room or area be provided for the storage of:  | Yes   | No    |
| a. Large equipment  | _____ | _____ |
| b. Small equipment  | _____ | _____ |
| c. Special supplies and equipment   | _____ | _____ |
| d. Sterile supplies   | _____ | _____ |
| e. Unsterile supplies   | _____ | _____ |
| f. Other (specify) _____  |       |       |
| 18. What type of storage facilities will be required in the department?   |       |       |
| a. Bins   | _____ | _____ |
| b. Cabinets   | _____ | _____ |
| c. Open shelving  | _____ | _____ |
| d. Other (specify) _____  |       |       |
| 19. What equipment will be used for indicating location of equipment and supplies (locator system)? _____   |       |       |
| 20. Number of staff required to operate the department?<br>Specify by title _____   |       |       |
| 21. How many offices will be provided in the department?<br>Specify _____   |       |       |
| 22. Will personnel locker and toilet facilities be provided in or near the department? Yes_____ No_____   |       |       |
| 23. What communication system will connect the central sterile supply with other areas in the hospital?<br>Specify _____                            |       |       |
| 24. Where are housekeeping facilities such as janitors' closets to be provided for the department?<br>Specify _____                                 |       |       |
| 25. What facilities are required for educational or teaching programs to be carried on by the department?<br>Specify _____                          |       |       |

## LAUNDRY

1. Will the hospital operate its own laundry? *Yes* \_\_\_\_ *No* \_\_\_\_

If not, what facilities and equipment are required for:

- a. Distribution \_\_\_\_\_  
 b. Receiving \_\_\_\_\_  
 c. Sorting \_\_\_\_\_  
 d. Storage \_\_\_\_\_

2. Where will the laundry be located?

- a. In the hospital building? *Yes* \_\_\_\_ *No* \_\_\_\_

(1) Near what department(s) will the laundry be located? \_\_\_\_\_

- b. In a separate building? *Yes* \_\_\_\_ *No* \_\_\_\_

3. What system of ventilation will be provided in the laundry? \_\_\_\_\_

4. Is an enclosed sorting room to be provided? *Yes* \_\_\_\_ *No* \_\_\_\_

- a. What type of special ventilation will be installed in this area? \_\_\_\_\_

- b. Will the sorting bins be mobile? Specify \_\_\_\_\_

5. What equipment will be needed if the laundry load is based on approximately 12-15 pounds of linen per day per patient?

	Capacity	Number
a. Conveyor	_____	_____
b. Extractor	_____	_____
c. Folder	_____	_____
d. Spreader	_____	_____
e. Ironer	_____	_____
f. Laundry trays	_____	_____
g. Platform scale	_____	_____
h. Press unit(s)	_____	_____
i. Tumbler	_____	_____
j. Washer	_____	_____
k. Washer-extractor	_____	_____
l. Other (specify) _____	_____	_____

6. Where will the air compressor for the presses be located? \_\_\_\_\_

7. Is a water softener system indicated? (See engineering and maintenance) *Type* \_\_\_\_\_  
*capacity* \_\_\_\_\_

8. Will mechanical equipment be used for loading and unloading washers and extractors? *Yes* \_\_\_\_  
*No* \_\_\_\_

9. What provision is made to supply adequate steam pressure? \_\_\_\_\_

10. What facilities will be provided for processing:

- a. Blankets \_\_\_\_\_  
 b. Mattresses \_\_\_\_\_  
 c. Pillows \_\_\_\_\_

11. Will new linen be marked in the laundry department? *Yes* \_\_\_\_ *No* \_\_\_\_

If yes, what type of marking equipment will be required? \_\_\_\_\_

12. What linen distribution system will be used? Specify \_\_\_\_\_



# LAUNDRY—Continued

13. Will the linen distribution system require: Yes \_\_\_\_\_ No \_\_\_\_\_  
 a. Cart space in the using units \_\_\_\_\_  
 b. Clean room in the laundry \_\_\_\_\_  
     (1) Lattice shelf \_\_\_\_\_  
     (2) Open shelf \_\_\_\_\_
14. Will any additional storage space be required for "resting" linen? \_\_\_\_\_
15. How many carts will be required for transporting clean linen from the laundry to the using unit? \_\_\_\_\_
16. How many baskets (trucks) will be required for collecting soiled linen in the using units and delivery to the laundry? \_\_\_\_\_
17. Where will laundry supplies be stored? \_\_\_\_\_
18. Will the sewing and mending room be a unit of the laundry department? Yes \_\_\_\_\_ No \_\_\_\_\_  
Type \_\_\_\_\_ Number \_\_\_\_\_  
 a. What equipment will be required for:  
     (1) Mending \_\_\_\_\_  
     (2) Sewing \_\_\_\_\_  
 b. Are any linen items to be made in the sewing room?  
     Yes (indicate) \_\_\_\_\_ No \_\_\_\_\_
19. Will personnel uniforms be handled by the hospital laundry? Yes \_\_\_\_\_ No \_\_\_\_\_ Weekly allowances \_\_\_\_\_  
 a. Dietary personnel \_\_\_\_\_  
 b. Housekeeping aides \_\_\_\_\_  
 c. Janitors \_\_\_\_\_  
 d. Laboratory personnel \_\_\_\_\_  
 e. Nurses \_\_\_\_\_  
 f. Nurses' aides \_\_\_\_\_  
 g. Orderlies \_\_\_\_\_  
 h. Practical nurses \_\_\_\_\_  
 i. X-ray personnel \_\_\_\_\_  
 j. Other (specify) \_\_\_\_\_
20. Where and how will uniforms be stored? Specify \_\_\_\_\_
21. Will prepackaged patient linen be assembled in the laundry? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what equipment and space will be needed? \_\_\_\_\_
22. How many personnel will be required to operate the department?  
Title \_\_\_\_\_ Number \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
23. Is an office to be provided? Yes \_\_\_\_\_ No \_\_\_\_\_

# HOUSEKEEPING

	Yes	No
1. Will all housekeeping activities be combined in one department? Indicate other department(s) _____	_____	_____
2. Will a centralized or decentralized housekeeping program be adopted? Indicate _____	_____	_____
a. If centralized, will provision be made for:		
(1) Equipment storage for carts, floor maintenance machines	_____	_____
(2) Office	_____	_____
(3) Storage for supplies	_____	_____
(4) Workrooms	_____	_____
(5) Other (specify) _____	_____	_____
b. Will the department require one or more rooms? Specify _____	_____	_____
3. If decentralized, will the housekeeping equipment and supplies be stored on the using units?	_____	_____
a. Where will the storage room be located? _____	_____	_____
b. What storage facilities will be required?		
(1) Closed cabinet	_____	_____
(2) Floor space for carts	_____	_____
(3) Open shelf	_____	_____
(4) Wall racks	_____	_____
4. Will a centralized vacuum cleaning system be installed?	_____	_____
a. Where will the receptacle be located? _____	_____	_____
b. Where will vacuum wall outlets be located? _____	_____	_____
(1) How many wall outlets will be needed? _____	_____	_____
(2) Approximate distance between wall outlets? _____	_____	_____
c. What special cleaning attachments will the system include? Specify _____	_____	_____
5. What other types of vacuum cleaning machines will be required?	Capacity	Number
a. Heavy duty type	_____	_____
b. Wet and dry type	_____	_____
6. What type of floor maintenance machines will be required? Specify _____	_____	_____
7. What type floor mopping outfit will be used?		
a. Small pail	_____	_____
b. Large pail	_____	_____
8. Will floor sinks be used in the janitors' closets? Yes _____ No _____	_____	_____
9. What type of housekeeping carts will be needed for transporting cleaning supplies?		Number
a. Janitors' carts	_____	_____
b. Maids' carts	_____	_____
10. What type of wall washing machine will be needed? _____	_____	_____
11. Will window washing be included in housekeeping department duties? Yes _____ No _____ If yes, will any special equipment be required? Specify _____	_____	_____
12. How will trash be transported? Specify _____	_____	_____

## HOUSEKEEPING—Continued

13. What facilities will be provided for orienting new employees and for inservice training of the housekeeping staff?	Yes	No
a. Hospital conference room	_____	_____
b. Housekeeping workroom	_____	_____
c. Nursing service classroom	_____	_____
d. Other (specify) _____	_____	_____

## CENTRAL STORES

1. Will Central Stores operate as			
a. A separate department? Yes _____ No _____			
b. A unit of another department? (Specify department) _____			
2. Will all receiving, storing, and issuing of supplies be centralized? Yes _____ No _____			
3. Based on 20–25 net square feet per bed, how many square feet will be required for storage? _____			
4. Where will the following be stored?	General storeroom	Separate storeroom	Total (sq. ft.)
a. Alcohol (drums, cans)	_____	_____	_____
b. Anesthetic gases <sup>1</sup> and oxygen <sup>2</sup>	_____	_____	_____
c. Bulk storage, e.g., maintenance and housekeeping supplies, paper products, etc.	_____	_____	_____
d. Case food	_____	_____	_____
e. Furniture, e.g., beds, cribs, mattresses, etc.	_____	_____	_____
f. General, e.g., medical and surgical supplies and equipment, parenteral and sterile surgical solutions, rubber goods, linens, blankets, and tableware	_____	_____	_____
g. Paper forms, office supplies	_____	_____	_____
h. Pharmaceutical bulk storage	_____	_____	_____
i. X-ray film	_____	_____	_____
j. Other (specify)	_____	_____	_____
5. Where will the central stores area be located with relation to:			
a. Kitchen	_____	_____	_____
b. Service elevators	_____	_____	_____
c. Service entrance	_____	_____	_____
d. Other (specify)	_____	_____	_____
6. Will any of the following equipment be needed in the storage area:	Yes	No	
a. Bins	_____	_____	
b. Cabinets	_____	_____	
c. Pallets	_____	_____	
d. Platforms (bulk storage)	_____	_____	
e. Racks: mattress and drum	_____	_____	
f. Scales, portable	_____	_____	
(1) Automatic indicating, capacity 300–400 lbs./4–8 oz.	_____	_____	
(2) Platform beam, capacity 1,000 lbs./8 oz.	_____	_____	

<sup>1</sup> See Surgical Facilities.

<sup>2</sup> Not required if there is a central piped oxygen system.

## CENTRAL STORES—Continued

	Yes	No
g. Shelving, open		
(1) Adjustable		
(2) Fixed		
(3) Metal		
(4) Wood		
h. Truck, transportation		
i. Other (specify) _____		
7. Will facilities be needed for:		
a. Counter		
b. Filing		
c. Hand truck parking		
d. Issue and receiving		
e. Unpacking area		
f. Other (specify) _____		
8. What type of locking devices are to be used on the doors of storage room(s)? _____		
9. What facilities and equipment will be needed for housekeeping and waste disposal? _____		
10. Will any private office(s) be required? Yes _____ No _____		
11. What system and equipment will be required for stock control to ensure an adequate supply of each item? _____		

## EMPLOYEE FACILITIES

1. If lockers and toilets have been provided for medical staff, nurses, laboratory, pharmacy, and radiographic personnel in the respective departments, what additional locker and toilet facilities will be required for:	Number	Location	
a. Dietary <sup>1</sup>			
b. Housekeeping			
c. Laundry			
d. Maintenance <sup>1</sup>			
2. What size and type of lockers will be provided? Specify _____			
3. Which of the above groups will require lounging or rest space in addition to locker space? Specify _____			
4. What equipment will be provided in each lounge?	Yes	No	Number
a. Bed, hollywood			
b. Bulletin board			
c. Chair			
d. Lamp			
e. Mirror			
f. Table, lamp			
g. Other (specify) _____			

<sup>1</sup> See Dietary and Maintenance Departments.

# MAINTENANCE AND ENGINEERING

## Maintenance Program

### 1. What type of maintenance program is planned?

#### a. Complete:

A program of preventive maintenance in addition to normal and emergency day-to-day repairs.

	Yes	No
(1) Maintenance and minor repair of the grounds, building, and equipment?	_____	_____
(2) Painting and periodic refinishing of the building:		
Exterior	_____	_____
Interior	_____	_____
(3) Maintenance, repair, and refinishing of furniture?	_____	_____
(4) Maintenance and repair of medical equipment such as suction machines, oxygen tents, incubators, electric beds, etc?	_____	_____
(5) Special cleaning, such as windows, light fixtures, kitchen range hoods, floor drains, etc?	_____	_____
(6) Maintenance and repair of major mechanical facilities such as heating plant, elevators, autoclaves, communication system, central suction, and oxygen systems?	_____	_____

#### b. Partial:

A program for ordinary day-to-day repairs with contracts with outside firms for painting and maintenance of specialized equipment such as elevators, air conditioning and communications equipment, sterilizers, etc.

2. How many maintenance staff employees will be needed?	Yes	No	Number
a. Carpenter	_____	_____	_____
b. Electrician	_____	_____	_____
c. Engineer (boiler room)	_____	_____	_____
d. Gardener	_____	_____	_____
e. Laborer	_____	_____	_____
f. Painter	_____	_____	_____
g. Plumber	_____	_____	_____
h. Superintendent	_____	_____	_____
i. Other (specify) _____	_____	_____	_____

### 3. What facilities will be needed for the Maintenance and Engineering Department?

	Yes	No	Number	Desirable location
a. Carpenter shop	_____	_____	_____	_____
b. Electrical shop	_____	_____	_____	_____
c. Garden or ground tool storage	_____	_____	_____	_____
d. General maintenance shop	_____	_____	_____	_____
e. Office	_____	_____	_____	_____
f. Paint shop	_____	_____	_____	_____
g. Plumbing shop	_____	_____	_____	_____
h. Supply storage	_____	_____	_____	_____
i. Other (specify) _____	_____	_____	_____	_____

### 4. Will any of the above be combined?

If yes, indicate the combinations desired. \_\_\_\_\_

## Maintenance Program—Continued

	Yes	No	Shop to be used
5. Will the following equipment be provided?			
a. Band saw	_____	_____	_____
b. Bench saw	_____	_____	_____
c. Blueprint cabinet	_____	_____	_____
d. Drill press	_____	_____	_____
e. Electrical testing equipment	_____	_____	_____
f. Grounds maintenance	_____	_____	_____
g. Joiner	_____	_____	_____
h. Lumber rack	_____	_____	_____
i. Machine lathe	_____	_____	_____
j. Paint tank for paint removal	_____	_____	_____
k. Parts and supply cage	_____	_____	_____
l. Pipe fitting bench	_____	_____	_____
m. Pipe rack	_____	_____	_____
n. Pipe vise	_____	_____	_____
o. Plumbing tool rack	_____	_____	_____
p. Spray booth	_____	_____	_____
q. Tank bath	_____	_____	_____
r. Tool lockers	_____	_____	_____
s. Tool rack	_____	_____	_____
t. Welding equipment	_____	_____	_____
u. Other (specify) _____	_____	_____	_____
6. Will separate showers, toilets, and lockers be provided for the Engineering Department?	_____	_____	_____
Number of shower stalls? _____		Number of toilets? _____	
7. Will maintenance carts be used? Type _____		Number _____	
Storage location (specify) _____			

## Heating, Ventilation, Air Conditioning

8. What type of boilers will be used?		
a. High pressure boilers: Used primarily where steam is to be used for laundry, sterilizing, and cooking. Yes _____ No _____		
b. Low pressure boilers: Used primarily where gas or electricity is used in laundry and kitchen, and where electricity is used for sterilizing. Yes _____ No _____		
9. What fuel is to be used for:		
a. Boilers	_____	
b. Cooking	_____	
c. Emergency electric generator	_____	
d. Hot water heating	_____	
10. Has a survey been conducted to determine if the fuel desired is the most economical?	Yes	No
If electrical rates are low, has the use of a heat pump been considered?	_____	_____
11. Will boiler water treatment be required?	_____	_____
12. Will it be necessary to have a standby fuel supply?	_____	_____
13. Will combination fuel burners be installed in boilers?	_____	_____
14. Will carbon dioxide and stack temperature recording meters be used to check efficiency of fuel combustion?	_____	_____
15. Is standby heating equipment required in this locality?	_____	_____

## Heating, Ventilation, Air Conditioning—Continued

16. If the hospital will operate its own laundry will the equipment be operated by steam or gas? Specify \_\_\_\_\_

17. Will the hospital utilize steam or electricity for operating the sterilizers? Specify \_\_\_\_\_

18. What type of system is desired for heating?	Check
a. Baseboard	_____
b. Convectors	_____
c. Electric	_____
d. Hot water	_____
e. Radiant panels	_____
(1) Ceiling coils	_____
(2) Floor coils	_____
(3) Wall coils	_____
f. Radiators	_____
g. Steam	_____
h. Warm air	_____
i. Others (specify) _____	_____

19. If convectors are used, will they be recessed? Yes \_\_\_\_ No \_\_\_\_

20. If combinations of the above are desired, indicate combinations and locations desired. \_\_\_\_\_

21. Will the entire hospital be air conditioned? Yes ____ No ____		
If not, what areas of the hospital will be air conditioned or mechanically ventilated?	Air conditioned	Ventilated
a. Administration Department	_____	_____
b. Autopsy room	_____	_____
c. Central service	_____	_____
d. Central storerooms	_____	_____
e. Chapel	_____	_____
f. Clinics	_____	_____
g. Delivery rooms	_____	_____
h. Emergency Department	_____	_____
i. Kitchen	_____	_____
j. Laboratory Department	_____	_____
k. Laundry Department	_____	_____
l. Nurseries	_____	_____
m. Patient areas	_____	_____
n. Pharmacy Department	_____	_____
o. Radiology Department	_____	_____
p. Surgical suite	_____	_____
q. Waiting rooms	_____	_____
r. Others (specify) _____	_____	_____

22. What system will be used for air conditioning?	Yes	No
a. Central system with ducts	_____	_____
b. Central system with individual room units	_____	_____
c. Individual room conditioners	_____	_____
d. Other (specify) _____	_____	_____

## Heating, Ventilation, Air Conditioning—Continued

23. What type of filters will be used for ventilation and air conditioning?
- |   |       |       |
|---|-------|-------|
| a. Electrostatic  | Yes   | No    |
| b. Fibrous cleanable                                      | _____ | _____ |
| c. High efficiency (for operating rooms, nurseries, etc.) | _____ | _____ |
| d. Metal cleanable type                                   | _____ | _____ |
| e. Moving curtain   | _____ | _____ |
| f. Replaceable type                                       | _____ | _____ |
| g. Other (specify) _____                                  | _____ | _____ |
24. Will boiler and incinerator stacks and exhaust outlets from ventilation systems be properly separated from the building's fresh air inlets?
- |       |       |
|-------|-------|
| Yes   | No    |
| _____ | _____ |

## Plumbing

25. Are utility services, water, gas, and sewer lines available to the hospital or must these be supplied by the hospital? (Specify) \_\_\_\_\_
26. Is water pressure at the site sufficient for hospital needs or will a pumping system be required? (Specify) \_\_\_\_\_
27. Does water analysis indicate the need for treatment of the entire hospital water supply?
- |       |       |
|-------|-------|
| Yes   | No    |
| _____ | _____ |
- If not, will treatment be required for:
- |                      |       |       |
|----------------------|-------|-------|
| a. Boiler supply     | _____ | _____ |
| b. Kitchen supply    | _____ | _____ |
| c. Laundry supply    | _____ | _____ |
| d. Sterilizer supply | _____ | _____ |
28. What piping materials will be used for:
- |                              |       |
|------------------------------|-------|
| a. Laboratory waste lines    | _____ |
| b. Water distribution system | _____ |
29. Will an incinerator be required for the disposal of:
- |                  |       |       |
|------------------|-------|-------|
| a. Garbage       | _____ | _____ |
| b. Medical waste | _____ | _____ |
| c. Trash         | _____ | _____ |

## Central Gas, Suction, and Pneumatic Tube Systems

30. What areas will be provided with centralized systems? <sup>1</sup>
- |                     | Patient rooms | Intensive care unit | Emergency dept. | Operating rooms | Recovery room | Delivery rooms | Nursery | Laboratory dept. | Out-patient dept. | Other (specify) |
|---------------------|---------------|---------------------|-----------------|-----------------|---------------|----------------|---------|------------------|-------------------|-----------------|
| a. Air              | _____         | _____               | _____           | _____           | _____         | _____          | _____   | _____            | _____             | _____           |
| b. Oxygen           | _____         | _____               | _____           | _____           | _____         | _____          | _____   | _____            | _____             | _____           |
| c. Vacuum (Suction) | _____         | _____               | _____           | _____           | _____         | _____          | _____   | _____            | _____             | _____           |
| d. Others (specify) | _____         | _____               | _____           | _____           | _____         | _____          | _____   | _____            | _____             | _____           |
- Yes      No
31. Will a pneumatic tube system be provided?
- |                            |       |       |
|----------------------------|-------|-------|
| a. Automatic selector type | _____ | _____ |
| b. Manual                  | _____ | _____ |

<sup>1</sup> See respective departments.



## Central Gas, Suction, and Pneumatic Tube Systems—Continued

32. If pneumatic tube system is to be installed, where will the stations be located?      Yes      No
- |                              |       |       |
|------------------------------|-------|-------|
| a. Administration Department | _____ | _____ |
| b. Central sterile supply    | _____ | _____ |
| c. Central stores            | _____ | _____ |
| d. Dietary Department        | _____ | _____ |
| e. Emergency Department      | _____ | _____ |
| f. Housekeeping Department   | _____ | _____ |
| g. Laboratory Department     | _____ | _____ |
| h. Laundry Department        | _____ | _____ |
| i. Maintenance Department    | _____ | _____ |
| j. Medical records           | _____ | _____ |
| k. Nurses' stations          | _____ | _____ |
| l. Delivery suite            | _____ | _____ |
| m. Outpatient Department     | _____ | _____ |
| n. Pharmacy Department       | _____ | _____ |
| o. Radiology Department      | _____ | _____ |
| p. Surgical suite            | _____ | _____ |
| q. Others (specify) _____    | _____ | _____ |
33. Will a centralized vacuum cleaning system be installed?      Yes \_\_\_\_\_      No \_\_\_\_\_

## Electrical and Communication Systems

34. Nurses' Calling System
- |   | Yes   | No    |
|---|-------|-------|
| a. What type of nurses' calling system will be provided?  | _____ | _____ |
| (1) Audiovisual   | _____ | _____ |
| (2) Visual  | _____ | _____ |
| b. What areas will be served by a nurses' calling system? | _____ | _____ |
| (1) Emergency Department                                  | _____ | _____ |
| (2) Patient care units                                    | _____ | _____ |
| (3) Delivery suite  | _____ | _____ |
| (4) Surgical suite  | _____ | _____ |
| (5) X-ray therapy suite                                   | _____ | _____ |
35. Telephones
- |  |       |       |
|--|-------|-------|
| a. In what areas and locations will direct outside phones be provided?             | _____ | _____ |
| b. Will the telephone system be designed to serve as a hospital "intercom" system? | _____ | _____ |
| c. Which departments will have an "intratelephone" communication system?           | _____ | _____ |
| (1) Administration Department  | _____ | _____ |
| (2) Laboratory Department  | _____ | _____ |
| (3) Outpatient Department  | _____ | _____ |
| (4) Radiology Department   | _____ | _____ |
| (5) Other (specify) _____  | _____ | _____ |
| d. Where will public phones be located? _____                                      | _____ | _____ |
| e. What provisions will be made for patient phones?                                | _____ | _____ |
| (1) Permanently installed telephones   | _____ | _____ |
| (2) Telephone jacks only   | _____ | _____ |
36. Doctors' Register
- |   |       |       |
|---|-------|-------|
| a. What system will be used for doctors to register "in" and "out" of the hospital? _____ | _____ | _____ |
|---|-------|-------|

\* See Housekeeping Department.

## Electrical and Communication Systems—Continued

	Yes	No
b. In what areas of the hospital will doctors' registers be located?		
(1) Business office		
(2) Doctors' entrance		
(3) Nurses' stations		
(4) Telephone office		
(5) Others (specify) _____		
37. Paging System		
a. Will there be a general paging system?		
b. What type of paging system will be provided?		
(1) Audible		
(2) Flasher		
(3) Radio		
(4) Other (specify) _____		
c. What areas of the hospital will be included in such a system?		
38. Central Dictation System		
a. Will the hospital have a central dictation system?		
b. Where will the central recording and transcribing facilities be located? _____		
c. Will the following have dictation stations:		
(1) Autopsy room		
(2) Delivery suite		
(3) Doctors' dictating rooms (patient care units)		
(4) Laboratory Department		
(5) Medical records		
(6) Radiology Department		
(7) Surgical suite		
(8) Others (specify) _____		
39. Other Communication Systems		
a. Will any other types of intercommunication systems be used either interdepartmentally or intradepartmentally (audible speaker systems, electric writing systems, etc.)? _____		
b. Which departments will be included in any other "intercom" systems? _____		
40. Radio and Television		
a. What provisions will be made for radios in:		
(1) Patient bedrooms		
(2) Patient dayrooms		
40. What provisions will be made for television in:		
(1) Patient bedrooms		
(2) Patient dayrooms		
(3) Others (specify) _____		
c. What provisions will be made for use of television in the surgical suite, classrooms, or other areas of the hospital? _____		
41. Clocks		
Are independent clocks to be used throughout the hospital, or is a centrally controlled or master clock system to be used? _____		
42. Special Duty Electrical Outlets		
What electrical equipment (portable X-ray machine and other special diagnostic equipment, electrically operated beds, laboratory equipment, food tray conveyors, laundry and special cleaning		

## Electrical and Communication Systems—Continued

equipment, etc.) will require heavy duty electrical circuits, or special outlets? Specify \_\_\_\_\_

43. What electronic equipment will be used in the operating, delivery, intensive care, or recovery rooms? \_\_\_\_\_

44. Will an ungrounded system be installed in anesthetizing locations? Yes \_\_\_\_ No \_\_\_\_

## Electrical—Emergency Power

45. What areas are provided power from the emergency generator? <sup>1</sup>

	Yes	No
a. Alarm systems:		
(1) Fire	_____	_____
(2) Oxygen supply system	_____	_____
(3) Sprinkler waterflow	_____	_____
b. Blood bank area	_____	_____
c. Boilers and auxiliary pumps	_____	_____
d. Central suction system	_____	_____
e. Elevators	_____	_____
f. Emergency treatment rooms	_____	_____
g. Exit ways—lighting	_____	_____
(1) Corridors	_____	_____
(2) Landings and exit doors	_____	_____
(3) Passageways	_____	_____
(4) Stairways	_____	_____
h. Intensive nursing care units	_____	_____
i. Intercommunication system for paging and fire	_____	_____
j. Medication preparation room	_____	_____
k. Nurseries	_____	_____
l. Nurses' call system	_____	_____
m. Nurses' station lighting	_____	_____
n. Delivery suite	_____	_____
o. Pharmacy	_____	_____
p. Recovery rooms	_____	_____
(1) Obstetrical	_____	_____
(2) Surgical	_____	_____
q. Refrigerators	_____	_____
(1) Biologicals	_____	_____
(2) Blood and bone	_____	_____
(3) Deep freeze	_____	_____
(4) Kitchen	_____	_____
r. Surgical suite	_____	_____
s. Others (specify) _____	_____	_____

<sup>1</sup> See "Standard for Essential Hospital Electrical Service," National Fire Protection Association, Bulletin No. 70, 1962.

## Fire Protection System

- |   | <i>Yes</i>      | <i>No</i>            |
|---|-----------------|----------------------|
| 46. Is the water supply main to the hospital site of adequate size and pressure?                    | _____           | _____                |
| 47. Will an elevated water storage tank be required?  | _____           | _____                |
| 48. Are fire hydrants conveniently located on the site or adjacent to the site?                     | _____           | _____                |
| (Specify) _____   |                 |                      |
| 49. Is a municipal fire alarm call box conveniently located near the main entrance of the building? | _____           | _____                |
| 50. Which of the following items are required? <sup>1</sup>   | <i>Location</i> | <i>Yes</i> <i>No</i> |
| a. Automatic fire detection systems   | _____           | _____                |
| b. Automatic sprinkler systems  | _____           | _____                |
| c. Fire extinguishers   | _____           | _____                |
| d. Hese cabinets  | _____           | _____                |
| e. Others (specify) _____   | _____           | _____                |

## Parking

- |   | <i>Number</i> |
|---|---------------|
| 51. How many parking spaces are needed for:   | _____         |
| a. Visitors and outpatients   | _____         |
| b. Doctors  | _____         |
| c. Employees  | _____         |
| 52. Will garage be needed for hospital ambulances, cars, etc.? <i>Yes</i> _____ <i>No</i> _____ |               |

<sup>1</sup> Note: Shall comply with local and State fire regulations.





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